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SIXTH ARTICLE.

DIET IN URINARY AND RENAL DERANGEMENTS.*

THE practitioner will often find, in cases which do not improve upon any plan of treatment he has adopted, that benefit will be obtained by judiciously reducing, or by completely withholding food for a time, or by giving one particular kind of food only—in some cases nothing but milk, in teaspoonfuls at a time, and iced; in some, beef tea only; in some, a diet limited to farinaceous food. Indian corn, or lentil flour made into the consistence of gruel with water or milk, and well boiled for a quarter of an hour or longer, often answers. In advising such a course, caution must be exercised, for some patients quarrel with us at the mere suggestion of a diet which they regard as starvation, although to us it might seem fairly liberal. But many who rebel on the first mention of a plan of treatment considered by us to be necessary, will gradually fall into our views and adopt our recommendations if we only allow them a little time to think about it, and lead them, by degrees, to adopt a restricted diet, instead of insisting that they should pass abruptly from the enjoyment of all the luxuries that money and skill can obtain, to the bare necessities of existence, without sauce or flavor to tickle the palate. In teaching self-denial to people who have foolishly indulged their appetites to the detriment of their organs and tissues, the medical adviser must be content to work gradually towards the desired end. Sudden conversions to common sense are as rare, if not as impossible, as sudden restoration to health after years of injudicious eating and drinking and silly management of the body.

When the deposition of uric acid in the urine is of frequent and perhaps of almost daily occurrence, it is, above all things, as necessary for the patient to change his mode of life as to take remedies which are known to interfere with the formation of the deposit, and it is desirable to warn him that the

altered course of diet and the use of proper remedies must be persevered in for some time before any very decided beneficial change will be evident. Many patients will not give us even a fair chance of affording them relief. Unless they can eat and drink as they have long been in the habit of doing, they will not feel satisfied, and if you recommend a moderate diet, they will tell you that if they are to submit to the regimen of a German bath they might as well go to one for a month or so; but if you suggest that the mode of life adopted during that short period of change should be persisted in during the whole year, they may assure you that in their opinion life would not be worth having on such terms. Nevertheless, it is certain that not only those who are ailing, but many of us who consider ourselves in good health, would be far healthier and live longer than we do if we adopted a regimen compared with which that of many a German bath must be considered even liberal.

First of all, as regards the fluid to be taken: How important is the simple question of the action of water in the economy, but how difficult it is to determine what is the proper amount which should be taken during each period of twenty-four hours! There is no matter pertaining to diet and daily habit in which men differ from one another more than in the quantity of fluid they take. Some healthy people drink more than five times as much as others. Some are always thirsty; others, as regards their ordinary daily life, hardly know what the sensation of thirst is like. Again, one man can work hard all day and perspire profusely without experiencing any very great demand for drink; another can hardly walk half a dozen miles on a hot day without an actual need of water or some other liquid to quench his terrible thirst, accompanied by dryness of throat and a general feeling of want of power—undoubtedly relieved for a time, but for a time only, by the imbibition of fluid. A considerable quantity of fluid is advantageous, but not equally so to all persons. Other things being equal, a moderate amount of food will go further if a considerable quantity of water be taken than if only a small amount of liquid be introduced; also, it has been found that the increase of fat is favored by a large quantity of liquid in proportion to the solids of the diet.

But the daily proportion of water should vary according to the quantity and character of the food taken. When this is of a nature to yield considera-

* We are indebted for much that is contained in this article to the excellent treatise of Dr. Lionel S. Beale, on "Urinary and Renal Derangements," from which we have abstracted freely.

ble quantities of urates and other substances not very readily soluble, more water is required than when food of a different kind is taken; but this recommendation cannot be acted upon as a general principle, inasmuch as it is liable to exception should there be any great change in temperature. In fact, with regard to the quantity of fluid required, there are so many disturbing causes that it is impossible to lay down any but the most general directions. In truth, each individual must endeavor to ascertain for himself the average quantity required, and vary it from time to time. The daily amount of water required must therefore not be disregarded by the practitioner when considering the proper course of diet and regimen to recommend to his patient.

Many work under actual, and frequently severe, pressure, during the greater part of the year, and in order to mitigate the feeling of fatigue and the lassitude they experience, the majority find they cannot get on without wine. Most get into the habit of taking more food than their system really requires if they do not exceed in alcohol; nor indeed is it wonderful that men who work hard and live under pressure and almost constant bother should look forward with cheerfulness and satisfaction to the dinner hour as the chief event and pleasantest part of the day. Still, it will be found that in the great majority of instances, a penalty has to be paid, and unless a very strict regimen be adopted on several days during the week, or for a month at a time, three or four times a year, good living cannot be indulged in with impunity. Important organs and many delicate tissues must suffer and become the seat of degenerations which not only shorten life but make activity and enjoyment of existence impossible while life lasts.

Catarrh of the Bladder.—In cases of obstinate catarrh of the bladder—and the same remark holds good with regard to catarrhal affections of the bronchial tubes, stomach, and other mucous tracts—the patients should avoid the use of cold fluids. Large draughts of cold water do harm, and though there is no doubt that dilution of the fluids of the body and free secretion are beneficial, the liquids should be taken in small quantities at a time, and tepid or actually warm. At the meals, warm water instead of cold or iced water is to be recommended. Many persons fancy they cannot drink warm water without suffering from nausea, but most will consent to take with their meals warm lemonade made with fresh lemons and a little sugar. Some prefer weak tea, and to this there is no objection if it does not disagree with the stomach, for in spite of much authoritative condemnation of the most popular of all beverages, the vast majority of people find they can drink tea in moderation, not only without discomfort, but with pleasurable sensations and satisfying effects.

The mode of living exerts the greatest influence on the course of vesical catarrh, and, indeed, all forms of disease of the coats of the bladder. To avoid free distension and strain of the muscular walls must obviously enter into consideration; but of scarcely less importance than this is the character of the urine which is secreted. If the urine be decomposed, from lying too long in the bladder, and ammoniacal, great pain and discomfort result, to say nothing of continually increasing damage to the mucous membrane itself. On the other hand, if the urine be highly acid, of considerable density, and loaded with urea, it will irritate the highly sensitive mucous membrane and increase the patient's suffering, while if the fluid be highly diluted and only feebly acid, it may remain in the bladder for a long time without causing any feelings of distress; nay, we may bring the urine into such a condition that it will actually exert a soothing effect upon the mucous membrane, and promote the healing of superficial ulcers should there be any upon its surface. As the character of the urine mainly depends, at least in the case of those who are confined to the couch, upon the diet, the physician must be very careful to give exact directions concerning the character and quantity of the food to be taken. Little nitrogenous food is required, and no more than is absolutely necessary ought to be allowed. The amount of nitrogen in a purely vegetable diet would be quite enough, but in laying down rules for a patient's guidance, we are often obliged, if we are to get his confidence at all, to avoid going directly contrary to his prejudices as regards food. We may allow him milk, beef tea, and an egg. A little well-cooked fish or meat may be permitted, or he will, perhaps, accuse us of endeavoring to destroy him by starvation, and appeal to another adviser, who will please him better, humor his appetite, and perhaps thereby help to prolong his illness. In advising the unfortunate sufferers from the morbid condition under consideration as to diet, it may be remarked generally that the nearer we can get the patient towards submitting to the dietary of the infant for a few weeks, the better; and if we can only persuade him to restrict himself to milk, beef tea, broth, milk puddings, sago, rice, tapioca, with cooked apples, French plums or grapes, for even a week, there will be such alleviation of the symptoms that he will be encouraged in his self-denial and proceed on the same lines for a longer time.

To insist upon a purely milk diet is needless, and may be injudicious. No one who has himself tried milk for breakfast, milk for dinner, milk for supper, and milk between times, will be too hasty to inflict such a punishment upon others if it can be avoided without risk to the patient's well being; and in the cases we are considering there is no good reason for

enforcing arbitrary regulations which probably few doctors would submit to were they themselves patients. Moreover, you will find that most of your bladder patients have, as they will tell you, enjoyed life and good living—not a few having daily indulged in culinary perfection, as regards the evening repast, for many years.

The general mode of life when in health must also be taken into account when we are advising a patient what to take and how to live during a painful chronic illness. If for years one of the chief pleasures of life has been that of looking forward to the dinner, and the three hours consumed in the performance of its mysterious but unphysiological rites, it would be cruel to inflict, without apology and without allowing time for preparation, a mode of living which the patient could only think of with disgust, but to which, nevertheless, he may be gently brought by a little kindness and the avoiding of hard and fast rules, and arbitrary and possibly somewhat unreasonable directions, on the part of the doctor.

Acute Renal Disease.—A patient suffering from acute inflammation of the kidney should be restricted to slop diet. Beef tea and milk may be given, but not in too large quantities at first, as it is not desirable to encourage a very free secretion of urine immediately. A day or two after the commencement of the attack, diluents act very favorably. The patient may then take plenty of weak beef tea, or broth, or even plain water. A drink composed of two drachms of bitartrate of potash to the pint of water, flavored with lemon and a little sugar, will be grateful to the patient, and will increase the quantity of urine without irritating the kidneys; or linseed tea, flavored with lemon juice, may be given to the extent of two pints in the twenty-four hours.

Chronic Renal Disease.—The diet should be generous and good, but simple. There is, I think, little doubt that many persons comfortably off, healthy as well as sick, take far more food, especially in the shape of meat, than is required for the perfect performance of the work of their organism, or than is conducive to a thoroughly healthy and vigorous state of body. It is probable that excessive eating is as frequently the cause of hepatic and renal disease as excessive drinking. A large proportion of any excess of meat taken passes off from the body in the form of urea and other urinary constituents, which it is the special work of the kidney to remove from the body. It is obviously of the utmost importance to relieve the kidneys of at least this unnecessary and useless work in cases in which they are diseased, when their working power is seriously impaired. The diet should therefore be carefully regulated, so that while the organism is well supplied with the full amount of nutrient materials which it requires, a useless ex-

cess which would still further damage the diseased organ is carefully avoided. It has often been noticed that patients suffering from chronic renal affections bear cod-liver oil, and a diet containing a larger amount of fatty and starchy matters in proportion to the meat than is usually taken by persons in health. Fat bacon may be recommended, and glycerine or the pancreatic emulsion where cod-liver oil cannot be taken. Provided the lungs and the liver be sound, it is easy to understand why the patient might progress favorably upon such a diet, in spite of serious damage to the kidneys.

Although we should undoubtedly recommend a patient suffering from chronic renal disease to consider milk his staple article of diet, we ought not to advise him to absolutely restrict himself to pure milk. We should remember that long before the milk treatment was thought of, many patients suffering from chronic renal disease lived for twenty years or longer on ordinary diet, and not a few of those who died early were destroyed by some malady not connected with the renal pathological changes. To condemn a patient to live upon milk only for twenty years of his life would be cruel, as well as unnecessary. In some cases I have recommended patients to take milk for two or three months, then to change to ordinary diet, bread and butter, bacon, and fish or meat, in small quantity, besides milk and milk puddings for a few weeks, and then to return to the milk treatment for two or three months, and so on. This system has answered well, and patients who could not continue to take milk incessantly for many months, can get on very well on this plan.

In all cases, the quantity of fluid in proportion to the solid should be considerable, and especial care should be taken to guard against too much ordinary nitrogenous food. The beneficial effects resulting from the milk treatment of chronic renal disease are probably in part due to the large quantity of water continually filtering through the tissues, partly to the oily matter being in a state of very minute division and in a state favorable for absorption; and partly to the nitrogenous (casein) and saccharine constituents of the milk being in a very diluted and easily digestible state. It is not, however, everyone who can live exclusively upon milk. Oftentimes digestion gets deranged, and more often still the patient, after a month or two, gets such a dislike to the diet that he rebels. Observation has not shown that there is any advantage in the very rigid adherence to milk which is considered so important by some physicians. Milk puddings made with egg and flour, sago, tapioca, rice, macaroni, relieve the monotony of a milk diet without in the least impairing its efficacy.

Pepsin.—Many practitioners doubt the efficacy of

pepsin in any case, and some consider it perfectly useless. Dr. Beale believes that such conclusions have been arrived at from bad pepsin having been used. Some years ago (1856) he made some experiments in connection with the action of artificial digestive fluids, and found that, by the following simple method, a very powerful digestive powder, almost tasteless and inodorous, could be readily obtained from the pig's stomach. The pepsin prepared in this way is more active than any of the other preparations now in use. Dr. Beale has used it very frequently during the last thirty years, and it is well known to many other practitioners. The method of making this form of pepsin is as follows: the mucous membrane of a perfectly fresh pig's stomach is carefully dissected from the muscular coat and placed on a flat board. It is then cleansed with a sponge and a little water, and much of the mucus, remains of food, etc., carefully removed. With the back of a knife, or with an ivory paper-knife, the surface is scraped very hard, in order to press the glands and squeeze out their contents. The viscid mucus thus obtained contains the pure gastric juice, with much epithelium from the glands and surface of the mucous membrane. It is spread out upon a piece of glass so as to form a very thin layer, which is dried at a temperature of 100° over hot water, or in vacuo over sulphuric acid. When dry, it is scraped from the glass, powdered, and kept in a stoppered bottle. A good digestive fluid may be made as follows:

Of the powder..... 5 grains.
Strong hydrochloric acid,.... 18 drops.
Water..... 6 ounces.

The fluid may be filtered easily, and forms a perfectly clear solution, very convenient for experiments on artificial digestion, or as a medicine. The pepsin may be taken in doses of from three to five grains, made into a pill with a little glycerine, and taken about twenty minutes before a meal, with ten drops of dilute hydrochloric acid in a wineglassful of water, or infusion of quassia; or the powder may be mixed with the salt taken with the meals, or sprinkled upon the meat or on bread and butter, as it is tasteless and inodorous. Eight-tenths of a grain dissolve 100 grains of white of egg.

With reference to *Alcohol*, some have advised that it be altogether withheld, on the ground that stimulants, especially spirits, provoke chronic renal diseases. There are some persons who actually require a little stimulant for the due performance of the digestive process, and, as it is well known, many forms of dyspepsia may be completely cured by the administration of a stimulant, or by changing the kind of stimulant which the patient has been in the habit of taking. Light wines often do good. If the patient's digestion

is improved by taking with his dinner a small quantity of wine, he may have it. Anything like excess must of course be avoided. Although it may be open to doubt whether, in the majority of cases, stimulants have anything to do with the causation of the malady, it is certain that renal disease may be induced by the free use of ardent spirits, indulged in habitually for a certain period of time. The theory not unfrequently propounded as an argument against the use of alcohol in renal disease, that the alcohol acts directly on the renal tissues, causing their condensation and wasting, will not bear a moment's consideration. It is simply untenable. The harm done by alcohol does not depend upon its direct action at all, but is due to a much more complex and less direct action upon the tissue elements than is generally supposed.

Life may be much prolonged in some cases by the judicious administration of stimulants. Some time since I had under my care a man suffering from fatty and contracting kidney, with excessive dropsy, who appeared almost to be kept alive by brandy. For six months this man's urine contained half its bulk of albumen. He was frequently delirious, but was so exhausted that we thought it right to give stimulants. Immediate benefit followed, and the stimulants were continued. He lived, to our great surprise, more than four months, and there can be no doubt that his life was prolonged for several weeks by brandy. Sometimes we gave as much as eight ounces in four and twenty hours, but usually from four to six ounces. Light burgundy, hock and chablis, are wines which often suit the patient, but in some cases a tablespoonful of whiskey and an equal quantity of lemon juice seems to answer better than anything.

In treating cases in which the kidneys are prevented from performing their functions with their usual activity, it is, above all things, necessary to reduce as far as possible the quantity of excrementitious substances resulting from the active changes in the various tissues and organs, and to arrange that the nutriment taken shall, as nearly as possible, balance the loss due to disintegration consequent upon the discharge of function. If the ingesta amount to more than suffices to make up the loss, undue work is thrown upon organs which have been, perhaps for long, working under grave disadvantages, and this is detrimental to the organism as a whole; it being obviously to the interests of the patient that he should consume only just the amount his tissues and organs use up. By acting upon this important principle, we may be instrumental not only in adding months or years to the patient's life, but may enable him to enjoy the highest degree of health which is possible under the adverse circumstances. To fulfil these objects is, however, more difficult in

practice than would at first sight appear, because the stomach has very often marked idiosyncrasies, and the quantity and quality of nutriment which is considered desirable may not suit that highly sensitive organ, while, in not a few instances, the patient may be quite unable to digest the food which theory would suggest as being appropriate and which experience has shown has yielded the best results in many cases. And it often happens that in this, as in many other conditions, dietaries which have been arranged to the minutest detail, and in accordance with all the supposed requirements of the case, completely fail, and cannot be persisted in without the risk of actually starving the patient, and doing more harm than would have resulted if ordinary food had been taken.

But even in cases in which it is not possible for the patient to have the advantage of the special system of diet which would seem to be most suitable to his case, it is, nevertheless, important that the practitioner should be well acquainted with the principles by which, as far as is practicable, he should be guided in his treatment. A little consideration will enable him to suggest an approach towards the proper diet in cases in which the diet most desirable cannot be borne. For instance, although pure milk cannot be tolerated by some, it will be found that few will object to milk puddings and various dishes which contain milk in large proportion. Some patients may be persuaded to take warm milk, and even if pure milk, hot or cold, will not suit the stomach, it often happens that the addition of a little lime water will cause the milk to agree and to digest quickly without producing pain or discomfort.

That the so-called milk treatment is a great advance, and that by it great improvement may be obtained in bad cases of disease, is undoubted, and we ought to feel grateful to Dr. Donkin, who was, probably, the first to carry out this plan of treatment systematically for many months at a time, and those who have advocated and practised the system, not only on account of the good to be obtained in special cases, but also because our knowledge of what may be done in many others has thereby been much increased. Until, within the last few years we should have hesitated to have advocated a purely milk diet for many months; but now we know, not only that this one fluid may be substituted for the varied diet usually taken, but that people may live on it, gain in strength as well as in weight, and that while taking it, pathological changes may proceed much more slowly, and may even cease to progress. The milk treatment, it should be borne in mind, is of great value in many other conditions besides renal disease. Now, that we are better informed con-

cerning those subtle degenerative changes which take place slowly and imperceptibly to the patient, undermine the health of some of the most important of his tissues and organs, and slowly or quickly result in impaired action and failure, which can only end in death, we cannot attach too much importance to all suggestions which may reasonably be supposed to be influential in reducing the rate of their progress, or in stopping them altogether.

But in treating certain cases of chronic contracting kidney, it is altogether inexpedient to put the patient upon a purely milk diet. For years, perhaps, he may have been accustomed, not only to live too well upon the best of food, but every day has looked forward to his dinner with pleasure, if not as the most important event of the day. If you are to do any good and to be of real use, you must proceed by degrees. Suggest fish, sweetbread and such harmless things, and in this way gradually bring the patient to content himself with soup, milk puddings, milk, bread, baked and stewed apples and prunes. In like manner, lead him by degrees to give up stimulants altogether. In this way we shall effect our object without offending or disgusting our patient. Time will be gained and he himself will begin to recognize the reasonableness of our suggestions. He will feel better than he has felt for many months, and, perhaps, even will have some faith in his doctor, who may then with judgment carry out still further changes towards the simplification of the diet and its restriction as to quantity, so that eventually the patient may be induced to submit to live according to the rational principle that no more is introduced in the way of food than is required to compensate for the waste which results from the action of the tissues and organs and the chemical changes accompanying the development of animal heat.

Diabetes.—In the treatment of a case of diabetes, the diet must be carefully regulated. That starchy and saccharine substances taken in the food cause an increased quantity of sugar in the urine, is proved beyond question, while, on the other hand, every practitioner is familiar with the improvement that invariably takes place in the condition of the diabetic patient, even a very short time after the allowance of these and allied substances has been reduced.

There are many cases in which the urine contains small quantities of sugar, which recover if starchy or saccharine matters are withheld in quantity or avoided. In such cases it would seem that the sugar had been derived from these substances only, while in severe cases, the excretion of sugar continues, although the patient is restricted to a diet consisting of albuminous matters and bran. In

many cases the diabetic condition passes off, and after an interval reappears. The disease may continue for many years, or it may carry off the patient in a few months. It is rare for a confirmed case under forty to recover completely.

Except in very severe forms of the disease, it is neither expedient nor necessary to insist too strongly upon a very strict diet immediately the patient comes under treatment, for many rebel if this is attempted at once, who might have been induced to submit to a fully restricted diet if the system had been introduced gradually. The quantity of wheaten bread may, at first, be reduced and the proportion of meat may be increased, and brown substituted for white bread. Then some of the bran food may be tried. By employing a little ingenuity in using bran, eggs, cream and glycerine, a perfectly restricted diet may be gradually enforced without distress to the patient. To put every one upon a rigid diet, because there is sugar in the urine, would be useless and cruel, and it is even probable that some cases would live much longer upon an ordinary diet than upon a rigidly exclusive one.

The diabetic may be allowed to take his tea and coffee with cream instead of milk. Cream diluted with water is far better for the diabetic than milk which contains milk-sugar. It is of the first importance that all persons suffering from diabetes should be warmly clad. They should wear woolen next the skin all the year round. Many feel chilly and clothe warmly by their own desire, but some patients are so much opposed to flannel that it is necessary to explain to them how essential it is to protect themselves from cold. We are not, however, compelled to deny even sweet flavors to the diabetic, for he may use glycerine; the preparation now made so largely by Price & Co. (Price's glycerine) is so pure and its taste so perfectly sweet, that it can hardly be distinguished from sugar.

The terrible thirst which often causes such distress to the diabetic patient, and the full gratification of which increases his peril, is, I think, more effectually assuaged by acid drinks than by ordinary water. Lemon juice, in the proportion of one or two tablespoonfuls to a pint of water, may be allowed, and if the patient objects to the sourness, a tablespoonful of glycerine may be added. Cream of tartar (potassæ tartar acidæ) may also be used to make an acid drink, in the proportion of two or three drachms to a pint of water, with or without lemon juice. Lactic acid in water, according to the taste, is also a useful and agreeable drink.

Glycerine may be used for sweetening tea, coffee and cocoa; it may be introduced in custards; and with eggs and gluten bread, well softened, a very palatable kind of pudding may be prepared;

glycerine, eggs and bran may also be made into a light sort of cake or pudding, which may serve to vary the monotony of a strict diet.

The diabetic patient may take a moderate quantity of milk, but it should be borne in mind that milk contains a form of sugar, and therefore is not to form a staple article of food in this disease. Various kinds of fish and white meat may be taken. Oil, fat, cream and butter are advantageous in some cases. Eggs may be taken if they agree with the patient, but sometimes they upset the stomach. Soups of various kinds—but not containing flour. Cheese, cream cheese, ham and bacon may be eaten by diabetic patients.

The best vegetables are cabbage, broccoli, mustard and cress, endive, lettuce and watercresses. Asparagus should not be taken, as, according to Dr. Harley, when eaten in quantity, temporary diabetes may be induced. Potatoes and all vegetables containing much starch, and fruits, both fresh and dried, as they contain sugar, must not be eaten.

It is scarcely necessary to particularize the individual articles of food which may be taken by the diabetic patient. Long lists have been given in many works, but some of these bills of fare are more amusing than useful.

Instead of eating crumb of bread, the patient should be instructed to eat well-baked crust only, or thin slices of bread should be well toasted in the usual way. By this process much of the starch is converted into matters which do not yield sugar when acted upon by the saliva or pancreatic fluid. The practitioner will generally find that in cases in which it is absolutely necessary to insist upon a very restricted diet, it is desirable to begin with toast before advising bran cakes or gluten bread. Some patients who cannot manage the latter substances do not object to toast soaked in soup, or otherwise softened, and very often the proportion of sugar excreted becomes so much reduced that a highly restricted diet is not needed.

Dr. Camplin, who himself suffered from diabetes, proposed a most valuable kind of food made from bran. The bran is ground fine in a mill, sifted, and can then be made into a kind of cake. The directions Dr. Camplin gives are as follows: take a sufficient quantity, say a quart of wheat bran, boil it in two successive waters for a quarter of an hour, each time straining it through a sieve, then wash it well with cold water on the sieve until the water runs off perfectly clear, squeeze the bran in a cloth, as dry as you can, then spread it thinly on a dish and place in a slow oven; if put in at night let it remain until morning, when, if perfectly dry and crisp it will be fit for grinding. The bran thus prepared must be ground in a fine mill and sifted

through a wire sieve of such fineness as to require a brush to pass it through; that which remains in the sieve must be ground again until it becomes quite soft and fine, a precaution especially necessary if, as sometimes happens, the mucous membrane of the bowels is in an irritable state. Take of this bran powder three ounces (some patients use four ounces) the other ingredients as follows: Three new laid eggs, one and a half ounces (or two ounces, if desired) of butter, about half a pint of milk; mix the eggs with a little of the milk, and warm the butter with the other portion; then stir the whole well together, adding a little nutmeg and ginger, or any other agreeable spice. Bake in small tins, which must be well buttered, in a rather quick oven, for about half an hour. The cakes, when baked, should be a little thicker than a captain's biscuit; they may be eaten with meat or cheese, for breakfast, dinner and supper; at tea they require a rather free allowance of butter, or may be eaten with curd or any of the soft cheeses. It is important that the above directions as to washing and drying should be exactly followed, in order that it may be freed from starch and rendered more friable.

A capital kind of flour for making ordinary bread has recently been introduced. This is called whole wheat flour, in consequence of the bran being ground up with other parts of the grain. An excellent flour of this kind is made by the Grainlet Company of this city. The bread is, of course, more nutritious than ordinary baker's bread.

Dr. Pavy (On Diabetes, p. 154) has added another substitute for wheaten bread—almond cake and bread. A very palatable kind of biscuit has been prepared with egg and blanched almond powder, according to Dr. Pavy's suggestion.

It occurred to Dr. Beale that the bran, with eggs and glycerine, might be made into a form of sponge cake, and he tried some experiments with this view. Glycerine sponge cake is not only palatable, but really nice. When freshly made, the cakes are as soft as ordinary sponge cake. They may be dried, and will keep for any length of time. In the dry state they can be readily softened in soup, tea and coffee. They can be flavored with lemon or other flavor according to taste. A similar kind of food can be made with savory gravy; and in cases when the digestive powers of the stomach are impaired, a few grains of pepsin can be added with advantage. Food made on a similar principle, with ordinary flour, concentrated extract of meat, and pepsin, is valuable in many cases when the stomach is very weak and irritable.

Patients often desire to change their diet from time to time, and they may be allowed to try one substitute for bread after another.

As to wines, those containing little sugar, amontillado, mansanilla and manilla may be taken, and good claret may be recommended. In dry sherry and madeira there is comparatively little sugar, from four to twenty grains in an ounce. Champagne contains, according to Dr. Bence Jones' estimate, from six to twenty-eight grains in the same quantity. Claret, burgundy and moselle may be obtained without sugar. Brandy and whiskey are the best spirits. Alcohol is said to increase the sugar, but moderate quantities of brandy or whiskey seem to be of service in some cases. I sometimes order two or three ounces daily, if the patient is weak. I have never seen any bad effect resulting, and many cases have improved while taking this stimulant. Clysmic or other alkaline water may be taken in moderate quantity, but it is well to restrain the diabetic patient from taking too much liquid. Lime, potash, soda and lithia water may be given with the stimulant.

The *skim-milk treatment* of Dr. Donkin seems to have suited some cases, but it does not answer for all patients. Some get worse under it, while butter-milk, kumiss, whey and other milk beverages disagree with so many patients that these should only be recommended as an experiment, and the patient should be instructed to discontinue such beverages if he finds they do not suit him. Dr. Donkin recommended six to eight pints of skim-milk daily. Dr. Roberts expresses a very decided opinion against the skim-milk treatment.

If the diet is too restricted, the patient may continue to lose in weight, in which case a little more license must be permitted, for it is obviously wrong to insist that the patient should only eat this or that, if, in point of fact, he cannot eat, and may really soon be in a condition worse than that which would have resulted if no restrictions whatever as to diet had been imposed. The diet is altered for the patient's benefit, but if the alteration is found to be to his detriment, it would be against all principles of rational medicine to insist upon its being carried out.

The diabetic patient should be weighed as soon as he is placed under treatment, and again at intervals of a fortnight.

In a very bad case of diabetes pepsin will be of little use, but in various conditions in which the digestive power of the stomach is impaired, either temporarily or permanently, in this, or indeed any disease, pepsin will be found to be a very valuable remedy.

Calculous Disorders—Other things being equal, those who habitually take large quantities of liquid in proportion to the food they consume will be less likely to be the subjects of calculous disorders than

those who take comparatively little. It is advantageous for every one, now and then, to take from three to four pints or more of water in the four and twenty hours, in order that his tissues may be washed out from time to time, and his uriniferous tubes flushed. In this way that concentration of the fluids which favors the production of gravel and the formation of calculus is prevented.

Even in health it is important to regulate the amount of liquid according to the solid matter of the diet. Many object to take much fluid. They are not thirsty. Liquid, they say, blows them out. They detest water, milk, lemonade and all the beverages which contain no ingredients more deleterious than those present in good water. They will appeal to the direction of high medical authorities, to the dietaries which have been arranged after the fullest consideration, to the experience of thousands, to their own feelings, against the advice given them to considerably increase the quantity of liquid they consume. But, although you may find it impossible to persuade them to increase the liquid to three or four pints daily for a month or two, you may get them to submit to the *régime* of a German bath, where they will imbibe a larger quantity of fluid than you have advised them to take.

That a large quantity of fluid disagrees with many persons is certain, but nevertheless, those who are the subjects of rheumatism or gout, or of uric acid deposits, or of calculous formations, will do well to gradually bring themselves to the habit of taking considerable quantities of fluid, though they may find at first that the new practice does not suit them. Such persons, taking freely of liquid will require less food, and will gain in health thereby, as well as from the free dilution of the intertextural fluids and the consequent assistance afforded to the free action of the secreting organs in every part of the body. A wide-spread prejudice against the imbibition of liquid has been fostered by bad arguments, and by the fear of introducing disease-germs into the organism. This latter danger can always be guarded against by simply having all water used for drinking boiled for a quarter of an hour or longer and allowed to become cold in a clean pitcher before it is taken.

Notwithstanding all that has been said to the contrary, there is no doubt that in the cases we are considering the most important part of the treatment—and that for which no alternative or substitute can be found—is the administration of plenty of water—boiled water, toast and water, mineral waters, lemonade, effervescing citrate of magnesia (potash), or soda, tea, weak coffee or cocoa, barley-water, linseed-tea—as may be preferred; but water, to the amount of at least two pints during each period of twenty-four hours, should be taken by

those who have exhibited tendencies to the frequent deposition of the imperfectly soluble constituents of the urine or to the formation of actual calculi; neither beer nor wine, however diluted, will do; spirits will do harm, even if diluted with very considerable quantities of water, unless the patient is restricted to very small quantities, say from one to two ounces only.

Excess of Urea.—When the formation of urine containing excess of urea has gone on for a considerable period, no change in diet for a short time will alter the condition. It is necessary for the patient to diet himself with care and regulate his exercise for several weeks if any lasting benefit is to be obtained. The meat consumed should be reduced to three or four ounces daily, or less, and advantage will result from the substitution of fish for meat on at least two days in the week. Farinaceous puddings and stewed fruit may be taken and baked apples, stewed prunes and various kinds of jam may be obtained even in the winter months. Benefit also results from taking lettuces, mustard and cress and water-cresses in this condition.

There is no doubt that, as long ago observed by Prout, in many cases that come under our notice, an actual excess of urea in proportion to the body weight is habitually and under ordinary circumstances, excreted. In another class of cases, there can be no doubt that a large quantity of the urea excreted is actually formed from the tissues of the body. The tissues accordingly waste, and this process may continue for a considerable period of time. No matter how much food the patient may take, he continues to get thin and loses considerably in weight. The nitrogenous constituents of the food, instead of supplying the tissues and compensating for the tissue waste, are themselves resolved into urea, and thus the quantity formed is largely increased. Why the food which is usually appropriated and applied to the nutrition of the body, is, in certain cases, resolved into urea, or into this and other excrementitious matter without being employed at all in the nutritive processes, cannot be positively demonstrated, but there is no doubt that this is so in a number of cases, the exact nature of which is still obscure, as well as in many cases of fever where the removal of large quantities of urea is associated with extreme weakness and continued emaciation.

VIBURNUM PRUN.—Dr. Coggeshall, of Richmond, gives a very interesting case of threatened abortion of about the seventh or eighth month, complicated with pneumonia, successfully treated with thirty-minim doses of *viburnum prunifolium*, combined with *aqua menth.*, every three hours. This drug has long been used in the new school in spasmodic pains in the uterus and threatened abortion, but not always with the success which would have attended its administration in more decided doses.

HOMŒOPATHY.

SOME REASONS WHY THE NAME SHOULD NOT BE DISCARDED
FROM THE NOMENCLATURE OF MEDICINE.

BY A. GIVEN, M.D., LOUISVILLE, KY.

THE subject is being discussed, in certain localities, as to the advisability of discarding the word *homœopathy* from the nomenclature of medicine.

If the word homœopathy is simply used as a *trade-mark*, as some have sneeringly said, then it should certainly be discarded by all honorable members of the new school of medicine. But, on the other hand, if it represents a scientific principle in therapeutics, as can be proven, then it should be venerated by every one who believes in the law of cure, which the name implies. Or if the change is desired only to gratify the whims of the opponents of homœopathy, or to fraternize the two schools for the sake of gain and popularity of both in consultation, then the subject should be spurned by every believer in the *law of similars*.

This is a question, however, that cannot be settled by likes and dislikes. There is a scientific principle at stake, and it seems to me that if we discard the word *homœopathy* from our school, consistency demands that we reject its system of treatment also. For if the name is an unmeaning expression, then the basis upon which the plan of treatment is founded must be a chimera, as its opponents have asserted. But I am sure that every one who has had an intelligent experience in the use of homœopathic remedies will indignantly spurn such an imputation.

All men's religion and politics are known by the doctrines they teach or preach, and hence they receive names according to their individual views. So it is in medicine.

It is a well known fact that there are two schools of medicine which differ very widely in their views as to therapeutics. If so, then how shall we designate them, or show wherein they disagree, unless we use terms which express their views; and what names can be employed that are more expressive than allopathy and homœopathy? While these terms are used by the best authorities to explain the two systems of medicine, yet it is claimed by many that they should be rejected, that there should be no distinction in medicine, and that all graduates should be known as physicians. But what, I ask, is to be gained by dropping the names, if the schools remain separate and continue to teach and practice as before?

We are told that "medicine is anything that cures or lessens pain or disease." The question naturally arises, how do medicines accomplish that object, or what is their *modus operandi* in the cure of disease?

We can gain only an approximate answer to that question from the teachings of the profession at different periods.

We have no authentic history of medicine for ages after the creation of man. But we know, from the physiological laws which preside over organic life, and the tendency to pathological changes in man, that medicine soon became a necessity; and hence from the remotest antiquity we can trace the germ of the science, and in the rise and fall of nations they have left the foot-prints of the art, however crude it may have been.

Hippocrates, 400 B. C., was the first to collect the scattered fragments of ages, and, in a measure, to systematize the theory of medicine. Hence he is called the *father of medicine*. He "observes that all diseases which proceed from repletion are cured by evacuation; and those which proceed from evacuation are cured by repletion." Hence this was called "the *antipathic* or palliative method, and consists in employing medicines which produce effects of an opposite nature to the symptoms of the disease." Galen and his followers were antipathists, "since they employed hot remedies to combat cold diseases, and treated moist maladies by dry remedies."

The next step in the progress of pathology and therapeutics we find the old school employing medicines which give rise to phenomena altogether different or foreign (neither similar or exactly opposite) to those of the disease. This method received the name of *allopathic* or heteropathic. It also embraces what is called antagonism or counter-irritation.

Since the days of Hippocrates the advance and discoveries in anatomy, physiology, pathology, chemistry, surgery and obstetrics have been marvelous. But, probably, the greatest triumph in therapeutics was the work of Samuel Hahnemann in 1796, when he discovered the relations existing between the physiological and the therapeutic action of medicine.

After thoroughly testing the physiological action of many of the more important medicines upon himself, while in health he was enabled to establish the *law of cure* and thus produced a great revolution in medicine. His "method of treating diseases consists in administering a medicine capable of producing effects similar to the one to be removed." That is to say, he found by experiments on himself that arsenic, camphor, copper and white hellebore in large doses produced physiological symptoms similar to the pathological symptoms of Asiatic cholera. He then potentized these agents and recommended them for the relief of the symptoms of Asiatic cholera in its various stages. The correctness of his views has been tested by thousands, in all enlightened countries in the treatment of cholera and all

other diseases. This method of treating diseases is called homœopathy, and the name and the system are so intimately connected that we cannot discard the one without bringing the other into disrepute.

It is evident from the foregoing historical facts that there are two schools of therapeutics, allopathy and homœopathy, which are directly opposite in their teachings and practice. It is certain, however, from the very nature of the case, that both cannot be right in their views as to the action of medicines in performing a cure. If so, then, how shall we account for the apparent success of both plans of treatment? I answer, that nature has established a law which regulates the action of all medicines, and in order to be successful in any case we must select our remedies in accordance with that law. However erroneous the allopathic theory may be as to the action of medicines, yet their clinical experience and observation often lead them to select the remedy in accordance with the law of cure, and hence their success. While it is true that thousands prescribe every day who know or care nothing about the law of similars, yet I am confident that in every case which is benefited by medicine, it is because the remedy is homœopathic to the symptoms that are to be treated. Otherwise we will fail whether we prescribe large or small doses. On the other hand we may select a remedy in accordance with the law, but by giving the crude material, or in over-doses it may endanger the life of the patient or prolong the cure. Hence the necessity of understanding the law of similars, and the size of the dose of medicine that will cure pleasantly, quickly and safely.

The allopathists have learned by clinical experience that quinine will cure certain forms of intermittent fever. But having no law to govern them, they often prescribe quinine in cases that simulate malarial fevers, and after giving from one to three drachms of the drug they find their patient growing worse. The homœopathists never give quinine unless its physiological symptoms agree with the pathological symptoms of the patient. For it is a waste of time and material to give a medicine when it is not homœopathic. It is evident, then, that homœopathists have a superior advantage over the allopathists in the selection of remedial agents.

If, after careful clinical observations as to the merits of each school of medicine, it has been demonstrated that the homœopathic plan of treatment is safer and more speedy in its results than any other system of medication, and leaves no morbid appetite and constitutional taint, then is it not evident that homœopathy represents the true method of cure? Therefore, in view of all historical and demonstrated facts in favor of homœopathy, its votaries should stand firm by the name and the principles it represents.

It is gratifying to know that the teachings and practice of homœopathy have produced a great revolution in the allopathic ranks as to heroic dosing. Indeed, many of them are now giving such minute doses in parvules that the low potency homœopathists can find but little fault with them on that score. If they will only go one step further and test the law of similars and give an unbiased decision as to its merits, then I am sure that homœopathists will agree with them upon some plan that will place medical science upon such broad and catholic grounds as to harmonize the whole medical profession and unite them as philanthropists in the grand effort to benefit a world groaning under disease. When that glad day shall have dawned, then let all pathies in medicine be forever buried. Otherwise, homœopathists should not entertain the idea for a single moment of discarding their name in order to harmonize the jarring elements in the different schools of medicine, and to please a few fanatics who claim Hippocrates as the father of medicine, and embrace his teachings, and yet profess to hold to no pathy in medicine while their own writers describe their system of medication as *allopathic*.

I believe that all lovers of science and a pure therapeutics should frown down the growing tendency to commingle allopathy and homœopathy for convenience or the sake of gain. Homœopathists have the right to use antidotes to poisons, all surgical appliances, and any means known to medical science for the alleviation of suffering produced by an incurable malady. Yet in order to save themselves the trouble of selecting the homœopathic remedy in curable cases, they have no right to give opiates and alcoholic stimulants which are always and in every case injurious to the nervous centres, and create an appetite and a habit that beclouds the intellect, blights the hopes and lives of thousands and makes imbeciles of their offspring.

[Our esteemed correspondent is one of those who formerly belonged to the class of physicians known as "old school," and who, in consequence of a change in some of his modes of practice has experienced the sting of that lash which has been felt by so many others under similar circumstances. We are happy to say that the whipping-in process is dying out, particularly in this region, and the exercise of more charity toward one another and their individual beliefs will tend to still farther obliterate the lines which indicate the sects in medicine. There are doubtless many who, like our correspondent, use the term "homœopathy" with honest intentions, but we are equally certain that

there are as many others who make use of it as a "trade-mark"!

As is well known, we are of those who believe there should be no distinctive adjective appended to the title of physician, and that any such designation is quackish both in appearance and in tendency. We have no doubt that the term "homœopathy represents a scientific principle in therapeutics" to our correspondent, but whether his elucidation of it would agree with the views of others, we are not so certain. It will be an excellent task for our author to attempt in the future. It is this uncertainty in the definition of the term, that makes it of so doubtful utility, and it seems to us that as there is no such school known as the "allopathic," and as those to whom this term is applied indignantly reject it, that on the other hand it would be in better taste to discontinue the use of all adjectives in this connection and continue to practice, as all conscientious physicians do practice, in accordance with the results of experience, whatever that may be, and cease dubbing themselves as sectarian. This is all that the most stringent "old codist" insists upon, and as it involves no question of principle, we see no reason why it should not be done. If students of drug therapeutics will but recognize the facts that the size of the dose is the all-important factor in their selection, that the indications for the use of the maximum dose are exactly opposite to the indications for the minimum, and that both are necessary to intelligent practice, we shall hear no more about drugs being homœopathic or allopathic, for all practitioners will then appreciate their full value and will govern the selection by the result to be desired.—Eps.]

SOME INDICATIONS FOR THE USE OF MEDICATED TABLETS.*†

HYDRASTIS, 1 to 2 minims; hydrastin, $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit.; hydrastin mur., $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit.; hydrastin sulph., $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit. Catarrhs of mucous membranes; dyspepsia, constipation; glandular enlargements, especially of the breast; in catarrhs the secretion is greatly increased—at first, clear, white, transparent and *tenacious*, then becomes yellow, thick, or green and even bloody.

* Continued from page 176 of THE TIMES.

†Those practitioners who are in the habit of exhibiting vile mixtures for the treatment of the sick, will be much better satisfied themselves, and confer a great boon upon their patients which will be appreciated, if they will adopt the convenient plan of prescribing tablets.—Eps.

Hyoseyamus, 1 to 2 minims, has the action of belladonna, though in a milder degree; there is more nervous excitement than vascular engorgement; vivacious talkativeness with hallucinations of the senses; spiteful, quarrelsome moodiness; insomnia; muscular twitchings; a dry, night cough, constant while lying down, but relieved on sitting up; mercurial and senile tremors; paralysis agitans; squinting, stammering, twitching of the face.

Ignatia, $\frac{1}{2}$, 1 and 2 minims; $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit. In hysteria and epilepsy, especially when brought on by violent emotions; troubles occasioned by fright or grief; puerperal and infantile eclampsia; in neuralgia of hyperæsthetic patients who bear their pains patiently or with quiet weeping; clonus hystericus; sensation of a lump in the throat; sinking and "gone feeling" at the pit of the stomach; great flatulence; prolapsus of the rectum and proctalgia; constipation from weakness of the lower bowel; menses premature and profuse.

Ipecac., $\frac{1}{2}$, 1 and 2 minims; $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit. In the vomiting of acute gastric catarrh, of pregnancy, of suckling, and of menstruation, of whooping-cough, of alcoholism and of simple debility; in the mucous and dysenteric diarrhœas of children; mucous, green stools, with or without blood; in coryza with troublesome sneezing; palliative in hay-fever; in croup and pertussis when there is much retching and mucous expectoration; in intestinal hemorrhage, hæmoptysis, epistaxis, and uterine hemorrhages.

Iris, 1 minim; irisin, $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit. In vomiting and diarrhœa; cholera nostras; acrid vomiting, purging with severe colic and burning in the rectum; idiopathic and mercurial salivation, vesiculopustular eruptions; facial neuralgia, and sthenic seminal emissions; affections of the pancreas.

Jalapa, $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit. A cathartic producing nausea, vomiting, griping in the alimentary canal, with colic and flatulent rumbling, and copious liquid and sour evacuations; useful in dropsies, as a vermifuge, and in habitual constipations.

Kali bichr., $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit. In catarrhs and ulcerations of the mucous membranes, with thick, yellow and stringy secretions; round "punched-out" ulcers in the nose and pharynx; in diphtheria; membranous croup; in syphilitic rheumatism and ulcers; in hepatic troubles, dull pain in the right hypochondrium, limited to a small spot, and whitish stools; dyspepsia and vomiting from chronic gastric catarrh, thick yellowish coat to the tongue; dyspepsia of beer-drinkers; sensation of weight after eating.

Kali brom., $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, trit. A sedative and hypnotic, allaying nervous excitement and irritability; useful in epilepsy, convulsions, the nerve irritation of dentition; tetanus, migraine, congestive

headache, chorea, hysteria, laryngismus, dysphagia; insomnia, night terrors of children, etc.

Kali carb., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. Sharp, stitching, jerking pains in the chest; pleuritic pains, with profuse purulent expectoration; whooping-cough with puffiness of the eyelids; ulceration of the nostrils and ozæna; various lung affections with the characteristic pains and cough, which is worse in the early morning, 3 to 4 o'clock, A.M.

Kali hydriod., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. An anti-syphilitic, especially in the third stage; in syphilitic rheumatism and periostitis, periosteal nodes; gummy tumors.

Kali mur., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. Mercurial and simple salivation, ulcerative stomatitis and aphthæ; ulceration of the edges of the gums; follicular and phagedenic ulceration.

Kali nitr., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. Acute rheumatism; asthma; a diuretic.

Kalmia, 1 minim. Rheumatism and rheumatic affections of the heart; pains in the cervical vertebrae; rheumatic faceache, worse at night.

Lachesis, $\frac{1}{6}$, trit. In acute malignant diseases with sudden prostration, jaundice, hemorrhages from the gastro-intestinal mucous membranes, ecchymoses of the surface; albuminuria, hæmaturia, and suppression of urine; in "nervous sore throat" when the pain and irritation seem out of proportion to the local trouble; uneasy, irritable throat; sensation of a dry spot and a lump in the throat, worse when awaking; in diphtheria, when the disease begins in the left side and the throat has a dark bluish-red appearance; in nervous and sick headaches; pain unilateral and the face pale; burning vertex headaches of the menopause, with cold feet and general flushings; in cardiac affections, tremulous irritability of the heart; palliative in hypertrophy and valvular disease; in spasmodic and suffocative coughs where the mucus cannot be expectorated; a cardiac cough.

Lactucarium, $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. In ordinary practice an anodyne, hypnotic, anti-spasmodic, and sedative; its symptoms would indicate it in some forms of hepatic and pulmonary congestion, of clavus, and of cerebral weakness with somnolence.

Leptandra, 1 minim; leptandrin, $\frac{1}{6}$, trit. Acts especially upon the liver and bowels; dull aching over the liver, frontal headache, soreness of the eyeballs, and pain in the left shoulder; jaundice; frequent, profuse, black, fetid, and papescent stools, difficult to retain; has proved curative in dysentery.

Lithium brom., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.; lithium carb., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. The salts of lithium act especially upon the eyes, heart and kidneys; they have proved useful in gout and its various conditions, stiff joints, uric acid gravel. In some forms of hysteria and epilepsy the bromide of lithia has been found useful;

has proved beneficial in valvular disease following rheumatism. (L. carb.)

Lobelia, 1 minim. Affects mainly the pneumo-gastric nerve; heat, fulness and aching in the head; scratching, burning and dryness in the throat; distended abdomen, disordering respiration; extreme spasmodic difficulty in breathing; dyspnoea, increased on least exertion and exposure to cold; curative in asthma; cardialgia; dyspepsia with oppression of the chest, acidity and heartburn, and lateritious urine.

Lycopodium, $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. In hepatic and digestive disorders; pains under the ribs and around the waist; shooting pains in the shoulder-blades; pains across the stomach, nausea, waterbrash, obstinate constipation; painful hæmorrhoids with great loss of blood; coldness and cramps in the legs and thighs; abdomen distended with gas and borborygmus; unconquerable sleep after dinner; "chronic influenza"; chronic pneumonia, with purulent, foul-smelling expectoration; the urine contains an excess of lithic acid; all the symptoms worse from 4 to 8 o'clock, P. M.

Macrotin, $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. (See cimicifuga.)

Magnesia carb., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. Green, watery, frothy stools, with green scum, like that of a frog pond; cutting and pinching in the abdomen; tenesmus after stool; delayed and scanty menses of a dark color and pitchy consistence.

Magnesia mur., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. Knotty, hard, difficult, insufficient and delayed stools, which crumble to pieces directly they are passed; hysterical uterine and abdominal cramps, extending into the thighs and followed by leucorrhœa.

Magnesia sulph., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit. Rheumatic pains in limbs at night; great languor, with staggering gait, or trembling of whole body; bruised feeling all over; alternate hard and soft stools, with tenesmus and rumbling in the bowels; abdomen distended and hard.

Mangan. carb., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.; mangan. met., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit., has been used with some success in inflammations of the bones, periosteum and joints, and in chronic laryngeal disease; Eustachian catarrh; chronic skin diseases; has recently come prominently forward as a uterine remedy, in menorrhagia and metrorrhagia and irregular menstruation.

Mercur. acet., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.

Mercur. cyan., $\frac{1}{6}$, $\frac{1}{6}$, trit.

Mercur. dulcis, $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.

Mercur. iod., fl., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.

Mercur. iod. R., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.

Mercur. nitrosus, $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.

Mercur. præc. R., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.

Mercur. sol. H., $\frac{1}{6}$, $\frac{1}{6}$, $\frac{1}{6}$, trit.

Mercur. subl. corr., $\frac{2}{10}$, $\frac{3}{10}$, $\frac{6}{10}$, trit.

Mercur. sulph. neg., $\frac{1}{10}$, $\frac{2}{10}$, $\frac{3}{10}$, $\frac{6}{10}$, trit.

Mercur. vivus, $\frac{1}{10}$, $\frac{2}{10}$, $\frac{3}{10}$, $\frac{6}{10}$, trit.

In syphilis and its varied manifestations; in scrofula and its many symptoms of the eyes, the ears, the glands and the bones; weeping eruptions and ulcerations of the surface; in rheumatism, when profuse and fetid perspirations without relief, when the pains do not shift about much and are worse at night, the patient being very sensitive to cold; in the eruptive fevers, measles, scarlatina and small-pox; idiopathic salivation; the tongue is large and soft, with a thick yellow coat, and shows the imprint of the teeth; pharyngitis and laryngitis of a subacute or torpid character, of a bluish-red color; ulcerated sore throat; in quinsy; in cynanche maligna, or putrid sore throat; inflammation and ulceration of the large bowel; dysentery; torpid liver, pale, costive and offensive motions; diarrhoea of infants when the stools are many-colored, mucous and offensive, with tenesmus.

CLINIQUE.

SOME CLINICAL REFLECTIONS ON POSTHETOMY.

By F. A. ROCKWITH, M.D.

Formerly Lecturer on Gynecology and Obstetrics in the University of Michigan, late Physician-in-Chief of the Saginaw General Hospital, etc., etc.

MY excuse for offering anything additional upon this much-spoken-of subject may best be supported perhaps by an appeal to Leibnitz, who says; "Est profecto casus quidam in inveniendis, qui non semper maximis ingeniis maxima, sed mediocribus quoque nonnulla offert."

The readers of the TIMES have possibly had a surfeit, by this time, of a question so simple in its practice and yet so far-reaching in its application. Nor do I, like Dr. Trafford,* desire to make so grand an appeal for its greater observance; neither will I slur Judaism for its tricky evasion of motive of making a mere sanitary measure a religious rite, and at the same time scold æsthetic Christianity, in the vein of Dr. Comstock,† for having turned her back upon it. For it has been found ere this, that science has nothing to gain by appealing to the religions of any sort or time. Have not certain modern theologians, especially the Schleiermacher school of apologists, had their ears pulled more than once for their attempts to give their ancient jacket a more modern and fashionable cut? Do not all the flats of revelation halt at the earliest intimation of a causative investigation? And did not Mendelssohn stop short all Lavater's casuistic endeavors by simply mentioning

the Synedrim Talmudists, "Moses has given us the law—it is an inheritance of the congregation Jacob"?* Ask the first true Rabbi: What about circumcision? and he will shrug his shoulders and answer, "We are Tomim before the Lord," that is, whole, without blemish, perfect, hence Ish Tomim (אִשְׁתָּמִים) *vir integer*, that is an entire, a whole, sound, healthful, lusty, uncorrupted, chaste, unstained, innocent, pure, unmixed Man; yes, and by it, too, accounting for much that is socially bad in Judaism, when placed in juxtaposition to the Gentile world, as also "at liberty to do what he pleases." Tomim, ever this hair-splitting Tomim! Now, what a paradox is this! Man is only "whole" before God by having his body mutilated, cut into, altered and disfigured? Just let us imagine an Antinoüs or worse yet, an Apollo or Mercury circumcised!—why, it would have driven all the gods and goddesses out of Olympus. The mere thought of a Venus with an Adonis posthetomized would have disturbed even the ventral gravity of a Shakespeare. But go to their Synagogue, and they will bark at you with their Orloch (עֶרְלֹחַ) præputium (foreskin) and hurl at you their Boshet (בִּשְׁטָה)† caro (flesh) and between them and that everlasting Tomim will entangle you in a network of sophistry so fine as to outdo in multifariousness the atomic kaleidoscope of the quaternary compounds in chemistry. Search where you will, whether in the Talmudim, Midrashim or the Kabbalah, or ask of the wise men of the Synedrim, ask Maimonides, the wisest, and in the end be as wise about the physical or rather the therapeutic value of this surgical procedure as before.

Sufficient be it for us medical rabbis to accept Hyrtl's unstrained and common-sense argument when he says:‡ "Since the præputial secretions are more copious in hot climates than in the temperate zones, and hence more liable to cause local irritation because of the greater susceptibility to rancidity (of the smegma) it may account for the medical origin of circumcision, and which in Oriental countries has, for well-understood reasons, become a popular custom, while in the colder latitudes, on the contrary, it surely must be superfluous."

The traditional subject of circumcision may present, however, to the historian, or to the scientific etymologist, and possibly, too, to some extent to the philologist, a far more interesting phasis than the medical man will ever be able to find in the mere application of this practice to his science. For so far as the modern reflex theories are concerned, as

* Auszug, J. K. Orell's Lavater, Zurich, 1860.

† "Unde etiam honestatis causa de membro pudendo dicitur." Ut Lev. 15. v. 3. Ezek. 16. v. 36. J. Buxtorf, Lexicon Hebraicum et Chaldaicum.

‡ Lehrbuch der Anatomie des Menschen, Joseph Hyrtl, Wien 1867. (10th edition.)

* MED. TIMES, Volume XII. 83.

† Ibid, Volume XII. 161.

dissociated from the mere Oriental reasons of cleanliness, I propose to present some experience antithetical to its much vaunted value in central perturbations. Having recently performed my three-hundredth interference for phymosis, elongations, with or without hypertrophy of the foreskin, balanitis, cacoplasty and venereal destruction of the frenulum, I believe myself justified for claiming some experience and have a right to comment. I have found in consequence that mental alienations are not permanently benefited thereby, nor that masturbation finds itself so unfailingly checked by it as so many of its modern advocates would have us believe, but that, on the contrary, many cases thus operated sooner or later fall into a state of sexual apathy, amounting in some instances to absolute loss of virile power; and it is no doubt this very apathy which has been accepted by the pious Talmudists as the desirable end in view to bring about a perfect state of Tomimism towards the great unpronounceable. (??)

CLINICAL EXCERPTS:

C. H., 52 years of age, Englishman, bachelor. Has been educated for music, but followed topographical draughting. Deafness due to chronic otitis media. Homicidal mania. Monomaniacal fear of the proletariat classes of society. Given to profound and abstract vagaries on space and the undulatory theories. Exquisite copyist. Would make a good forger, but has no originality as a designer. Masturbator from childhood. Had paralysis of the detrusor muscles of the bladder; cacoplasty of the penis with balanotic adhesion of the fore-skin, making catheterization difficult.

Posthetomy under chloroform. Recovery from urocytic paralysis in three weeks. For six months remarkable recovery from mental alienation. Relapse polyform; return and increase of former psychoses. Three years since operation, periodical attacks of paresis of the sphincter vesicæ, usually controllable by nux vomica. N. B.—Two or three months after posthetomy fell desperately in love with a sixteen-year old girl; proposed marriage to her. When reminded of his physical inability, answers that he is one that has a higher love than other mortals.

(A theorist might find abundant material here.)

J. G., 20 years of age. Son of English shoemaker. Subject to "abus de soi-même." Congenital phymosis with extensive adhesion. Mydriasis, athesiometric and cardiac disturbances. Scrofulous cachexy. Posthetomy under chloroform. Six months after operation, complained of loss of visual power. Hypermetropia [18 to 20+; left rectus internus paretic; at the same time increase of body weight and general improved appearance; has had no more priapisms since operation. A year later, entirely impotent with persons who formerly had gratified his amorous disposition. He now charges the operation with the cause of his sexual ruin.

C. K., 28 years of age, German. Excessive elongation of foreskin with complete adhesion to corona glandis. Ectopism of meatus urinarius due to shortness and malposition of frenulum. Posthetomy without anæsthetic. Ever since the operation has been subject to attacks of abject melancholy, which subsequent marriage has not affected.

J. S., Bohemian, aged 42. Married seven years, childless.

Fine physique, healthy. Printer and editor. Largest foreskin ever seen by myself. Pouch-like, without adhesions. Congenital phymosis; orifice so small as barely to admit a bullet probe. Coitus disagreeable and unsatisfactory. This man tells me now that the result of the operation was very satisfactory and even gratifying, but lasted only about six months, since when he lost all sexual power and considers himself hopelessly impotent. Since he is abundantly employed as an editor of a daily paper, he has not cared much about it.

N. B.—Out of all the number operated upon nearly one-third assert either indifference to sexual pleasures, partial impotence, or paresis, generally localized in and about the triangular ligament, since the operation. In masturbators such results might be desirable, but as nevertheless, many report occasional relapses into this vice, it again undoes much of this expectation.

For the surgeon this operation affords but little difficulty so long as manual dexterity and a natural eye to plastic perfection is his gift. Secondary hemorrhage occurred three times in my experience, once even with threatening alarm, but each time in cases laboring under secondary syphilis. The younger the subject, the more favorable and safer the indications; the older, the greater the fear of paretic sequelæ.

A PROTEST AGAINST THE WHOLESALE REMOVAL OF THE TONSILS.—A paper in the *London Medical Times* (March 8, 1884) condemns the wholesale removal of the tonsils for chronic inflammation. The disease is peculiar to certain individuals, usually those of a strumous type. In many cases other lymphatic enlargements co-exist. The cause of the fluctuation in size in the same person and of the re-growth after removal is to be looked for in the anatomy of the organ. It is made up entirely of lymphatic and adenoid tissue. The symptoms produced are the peculiar expression of the face, the noisy breathing at night, occasional deafness, and less frequently, abdominal pain and capricious appetite. So long as deglutition and respiration are not interfered with, the size of the tonsils is usually a matter of little importance. A strong tendency to atrophy, as age advances, exists. When the tendency to hypertrophy is still present it is almost certain to show itself after ablation. The general, not the local, condition should be aimed at as the object of treatment. In most cases it is found that cod-liver oil and iron will do as good work before as after operation. Except for the one cause of local obstruction there is no more reason for removing hypertrophied tonsils than any other enlarged lymphatic glands.

TUBERCLE INOCULATION DURING COITION.—From facts collected and observed, M. Fernet (*Progrès Méd.*) arrives at the following conclusions: (1.) Genital tuberculosis can be the result of direct contagion during coitus. (2.) That blenor-rheas ought to be held as suspicious which do not succeed true blenorrrhagia, and their tuberculous nature should be made plain or negated by a careful search for the bacillus. (3.) Coitus between spouses, one of whom is affected with tuberculosis, should be considered dangerous. (4.) Genital tuberculosis can be the source of a secondary general infection and so should be treated as energetically as possible by means of various medico-chirurgical means.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry."

EVOLUTION.

How often the thought is forced upon our mind with startling distinctness, as some terrible deed of crime is brought to our attention, or as we see some strong physical form, some bright intellect withering away under the influence of a habit or a vice which, slowly formed, at length holds them in fetters of steel, is the human race evolving into a higher sphere or retrograding to brute instincts and mere animal passions! A short time since, we were summoned to meet in consultation a prominent physician in a neighboring city, and as we sat by the bed-side of the dying man and listened to his habits of life sketched in a few graphic words by the physician and friend, a feeling of inexpressible sadness came over us. The man slowly dying before us at an age when he should have been in the very prime and ripeness of vigorous manhood was a manufacturer and inventor, whose thoughts, worked out into practical form and use, had brought wealth and honor to himself and contributed to the comfort of thousands of others. Possessed of a strong physical form, with an apparently clear and well-balanced mind, why should he not have lived to a ripe old age instead of dying with a brain paralyzed by the slow poison of alcohol at a time when his life should have been rounded out in the fullness of its strength and the ripeness of a well-trained intellect? He was never intoxicated, but night after night, and day after day,

as he thought out his problems the cigar was always in his mouth and the whiskey where he could reach it at any moment. And so almost imperceptibly the poison gathered strength until the brain cells lost their power and the massive intellect lay in ruins.

No wonder our friend asked the question as he wrote to us of closing the eyes of his old friend and patient upon whose face was the seal of death, why should this man in whom there was apparently no hereditary taint or predisposition to any form of vice, surrounded by a happy family, trusted and respected by all, become the slave of a habit which day by day though long years tightened its hold and intensified its power until the body ceased to perform the functions of life? Is the human race, as some of our scientists and even theologians would have us believe, really evolving, through the ages from lower to higher planes of life, and does not this case and hundreds like it show that the tendencies to evil in the human organization, to disintegration and ruin are innate and the same now as ever?

Whatever answer may be given to this question, there is no doubt that our profession has much to do with the wrecks and ruins of noble natures which strew the pathway of life, and the assertion of the eminent Dr. Forbes may not have been without some truth that if no drugs had ever been discovered and there had been no physicians to theorize and experiment, human life would have been more secure, and the human race have reached a higher point of perfection than at present.

The daily use of alcoholic stimulants and narcotics which have done so much to undermine the health of individuals and the strength of communities could more speedily be checked by the example and instruction of an intelligent medical profession than by an army of public speakers or carefully prepared legal enactments. No one can estimate the evil to future generations of a habit formed in a single individual and persisted in until it gains the mastery, for the continued use of any drug keeping the system constantly under its influence not only deranges the power of the nerve cells but often changes their structure, paving the way for present diseases and others which may be developed as a necessary consequence in future generations. Thus alcoholic poisoning may give rise in the individual to epileptic seizures and paralysis, but if these troubles should not

be apparent in any marked degree in the life of the person addicted to the vice, there may have been such a change in nerve structure, such an impress upon habits and thought, as to lay the foundation of epilepsy, paralysis and an unhealthy physical or mental life in descendants, even to the third or fourth generation. Is it at all difficult to believe that the majority of crime is the direct out-growth of an unhealthy nervous or physical organization which owes its existence either to a direct violation in the individual of the laws of harmony, or what is more common, to the gradual development of a poison instilled into the current of life perhaps generations before? Alcohol and the various drugs used for the relief of pain and as nerve stimulants are so seductive in their influences, so easily becoming such a seeming necessity, as to turn the master into the slave, and the physician who prescribes them without due caution, excellent as they may be in their place, is a faithless guardian of public health and an enemy to progress.

Whatever we may have been in the past, from whatever lower form of life we may have been evolved, we have reached a plane where the spirit of evil can only be crushed out by a constant study of individual character, thoughts and tendencies, a study made in the light of the history of the past and of the teachings of science and inspiration.

When the clerical and medical profession rise to the possibilities of their work and become in themselves individually living examples of the truths they teach, or ought to teach, we shall have fewer such cases as that described by our friend, and the prisons which are now a necessity in every civilized community will become part of the past.

OZONE IN PNEUMONIA.

SOME years since an interesting work was published by a careful scientific observer in Peru who had watched the effects of earthquakes and volcanic eruptions upon the public health. He had studied with great care the electric and other conditions of the atmosphere and found the disturbances in life and health depended to a very large extent upon atmospheric influences.

Independent of other conditions of the atmosphere, a very low percentage of ozone was marked by pesti-

lential and epidemic diseases with a tendency to decomposition and a greatly depressed vitality, while a very large per cent. of ozone was apt to be accompanied by congestive or inflammatory diseases, such as pneumonia, acute bronchitis, rheumatic fever, etc.

The attention of Dr. Daniel Draper, of the Meteorological Observatory in the Central Park, has been turned to this subject and his observations have brought out some interesting facts. Ozone, as far as we understand it, seems to be an allotropic modification of oxygen, the molecular formula of which is O_3 , that of ordinary oxygen being O_2 . It is readily produced by passing an electric spark through oxygen or ordinary air. In its concentrated form it has a pungent odor, is slightly irritative and destructive to animal life. Chlorine gas resembles ozone in having a passive and active stage; in the latter it being also destructive of animal life.

Prof. John W. Draper, on investigating the condition of chlorine, found that the indigo rays of the solar spectrum would change chlorine from its passive to an active condition, and Dr. Daniel Draper asks if it is not probable that these same rays may produce a corresponding effect in oxygen and thus account for the excess of ozone in the atmosphere at certain times. Following the line of thought suggested by other scientists, Dr. Draper groups together certain facts during the past eight years, in reference to ozone and pneumonia, which, to say the least, are highly interesting and suggestive.

Dr. Draper tells us he compared thousands of observations from the barometer, wet and dry thermometers, hygrometers, anemometers, and pluviometers with the mortuary statistics, and could find no continuous connection between these observations and the prevalence of pneumonia. It was only where ozone was taken into consideration that there was found to be a very close connection between its observations and the death rate from the disease.

Thus in 1878, from January to May inclusive, there were 1,304 deaths from pneumonia, and the ozone percentage was 9.50 on 73 days. In 1882 the death rate had increased to 2,056 and the ozone to 16.19 on 86 days. In 1884 the death rate decreased to 1,608 and the ozone to 6.45 on 48 days. This year the death rate increased to 2,308 and the ozone also increased to 13.26 on 87 days. The figures for 1882 and 1883 are not quite so convincing. In the former

the death rate was 2,056 and in the latter 2,061. Yet in 1882 the ozone record was 16.19 for 86 days, and in 1883, 12.73 for 85 days. The death rates were about equal, though there was a difference of nearly 25 per cent. in the ozone ratings.

It is difficult always to determine the cause of pneumonia, and why it prevails sometimes almost as an epidemic and is exceedingly fatal in its character, breaking out suddenly and without any exposure to cold, and why, where there is exposure, there is produced in one case, pleurisy, in another pneumonia, in another pericarditis and perhaps in the fourth peritonitis.

Dr. Draper asks whether, as oxygen has the power of assuming different forms, one of them preservative and another destructive, it may not "in one or other of these forms produce inflammation of the substance of the lungs, etc., thereby causing their engorgement with blood not properly arterialized"? He thinks it well for physicians in treating pneumonia or its allied diseases to consider whether they may not be due to ozone or antozone—another form of oxygen called peroxide of hydrogen, and whether it may not be possible to neutralize the evil effects of one form of oxygen by the use of the other.

A simple test for ozone is to expose litmus paper of a neutral tint, soaked in a dilute solution of iodide of potassium; the potash set free by the action of the ozone turns the paper blue. The beneficial effects of ozone have been freely discussed, but there is no exception to the general rule that the most beneficial agents in proper proportions may in a more concentrative form be productive of disease and death. Whatever may be thought of the theory at present, it certainly opens a line of investigation which, properly worked, may yield rich results.

MEDICO-POLITICS.

THE Supervising Surgeon-Generalship of the Navy, which office has been admirably administered by Dr. J. B. Hamilton since 1879, and from which he has recently resigned, is a most important office for many reasons, and should be filled by a first-class medical man, an event which is not likely to obtain under the selection by political preference. An Indianapolis correspondent thus states the case:

"It has already been published that the Vice-President has cast his eye upon the office of Supervising Surgeon of the Marine Hospital Service, now

occupied by Dr. Hamilton, and it is said he has recommended for the place Dr. Matthews, of Louisville, who has been his attendant physician at times. It must have been this doctor who cured the senile gangrene in his great toe; and if he is the man, Dr. Matthews will have a strong backer in Mr. Hendricks. There is no more persistent office-broker than the Vice-President, and if he is really enlisted in this hunt he will be likely to bring down his game, although it is a little higher than any he has yet aimed at with this administration.

"It transpires that while Mr. Hendricks has been quietly at home the wicked McDonald and English have been getting in their work for Dr. Willoughby Walling, of this city, for Dr. Hamilton's place, and the report comes that Dr. Walling is confident of receiving the office. Hence the Vice-President's trip to the capital. Just what Dr. Walling's qualifications for the place can be is difficult to imagine. He formerly lived in Louisville, and may have practiced medicine there for a time, but he became the son-in-law of Mr. English, and the latter brought him to Indianapolis, where he started a wholesale drug house, which thundered tremendously in the index, but did not bear out the promise of great things in its history. He is now simply the son-in-law, and is not known to be much else. He may be a nice gentleman, and doubtless is, but for the Supervising Surgeon of the Marine Hospital Bureau he could hardly pass a good civil service examination. English and McDonald have evidently pitted themselves against Hendricks in this matter for purely personal reasons, for the man they have selected is of no force in himself."

It is encouraging to see that President Cleveland is inclined to make no change, but if this is necessary, a successor will be selected in accordance with civil service promotion.

Secretary Endicott's recent publication of a list of many officers who have served for long terms, detached from their regiments, if left unexplained, would do great injustice to some well-known officers. There are not a few cases in which officers have been selected for duty on account of special fitness, and their services have been as severe and constant as they could possibly have been had they not been on detached duty. The list is headed by Surgeon Billings, with the statement that for twenty years that officer has been on duty in Washington. No reflection would be intentionally cast upon Dr. Billings' services. His work in collecting and arranging the library of the Army Medical Museum has been of great importance, and his labors in con-

nection with the medical records of the war have been invaluable. Dr. Billings' labors may be found exemplified beneath the modest title of a catalogue of the Medical Library of the War Department, to which work he has devoted more than twelve years, and in the pages of that work of love the "Index Medicus," the publication of which has proved such an arduous undertaking. No order which Secretary Endicott has ever contemplated would include officers whose services are so conspicuously valuable and important. Dr. Billings is not alone in this respect. Colonel Scott, of the War Records' Office, who is exempted from the Secretary's recent order, is one of a number of the officers whose service during long assignments away from their regiments have been of great value to the Government and the army.

The recent occurrence in Michigan, in which the Medical Superintendency of a new asylum for the insane was manipulated through medico-politics, is another illustration of the pernicious influence of politics, intermixed with a variety of other intriguing always fatal to pure ethics and the interests of good government.

It is plainly evident from the following act what the *people* intended, and that there has been a miscarriage of justice in the case will probably be made apparent, perhaps painfully, to those politicians who are responsible for it:

"The People of the State of Michigan enact, That the board of control of the Northern Asylum for the Insane is hereby authorized to place the medical administration of the same under the supervision and control of a reputable physician and surgeon of the homœopathic school of medicine" (Approved June 8th, 1883).

Notwithstanding the plain intent, the people have been cheated through medico-politics, but the end is not yet, and will not be, until truth and justice prevail.

We are in possession of many facts in the history of this undertaking which would place some individuals concerned in it in an unfavorable light, but we desist with the hope that the matter may yet be cleared up and the institution placed upon an honest footing.

In this case the institution in question was placed in hands quite different from what was intended, through the influence of political managers coupled

with medical wire-pullers and perhaps with some other elements of no higher grade.

Let us as a profession, therefore, cry down all such degrading influences and insist upon that purity of ethics which comes only from the emulation of the principles expressed in the Golden Rule!

INTERPRETATION OF THE CODE.

THE American Medical Association at its recent meeting resolved upon some interpretations of its Code of Ethics so that it shall not be "interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession," also "that it constitutes a voluntary disconnection or withdrawal from the medical profession proper to assume a name indicating to the public a sectarian or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession."

The American Institute of Homœopathy also resolved that the said interpretations were misleading, and charges that the antagonism between the schools began with the former, in its efforts to ostracize, calumniate and otherwise persecute those holding opinions different from their own.

Here we have each of the two representative societies on record in respect to the ethics and principles of the other, and from appearances the day is far off, if the profession at large allows these organizations to control, when the relations of physicians toward one another will be any less constrained.

It seems to us a violation of the ethics which should govern gentlemen to insist upon dubbing those physicians as "allopathic" who indignantly and repeatedly reject the title, and it is in equally bad taste to cling so tenaciously to that distinguishing title, "homœopathic," with its questionable interpretation, when really it seems to be the only barrier left to professional ethical harmony, as differences in doctrine or belief are no longer questions in the controversy.

A regular physician is one who does not designate himself as belonging to a sect, and even this term would become obsolete upon the withdrawal of those sectarian adjectives which called it into use.

Is it therefore unreasonable for the medical body which has rejected the sectarian adjective forced upon it by Hahnemann, to insist that the other shall abandon the use of its own?

DR. LODGE AND LIFE INSURANCE

DR. E. A. LODGE, Sr., Editor of the *American Observer* of Detroit, makes a terrific onslaught upon what he terms "the pernicious practice of the Homœopathic Mutual Life Insurance Company" of this city. The article covers eight pages of the *Observer*, and cannot fail to be read with interest by all those who have policies in the company.

Dr. Lodge's standing in his community and in the profession will insure him attentive readers, we have no doubt, and his strictures, if satisfactorily proved, will cause no little excitement with those who are depending upon the security which its policies afford for the maintenance of loved ones when they are no more. If we cannot depend upon the sacredness of such contracts, particularly when made with companies which pretend to be "mutual," the practice of life insurance had better be given up. Dr. Lodge's paper shows that the Homœopathic Mutual lost \$1,481.97 of its assets between the years 1882 and 1884, and is it any wonder that this was the case if the charge is true, that its plans and practices are "*wrong, weak, dangerous, discreditable, delusive, and deceptive?*" Dr. Lodge justly inquires, "What is the difference between this and fraud?" We leave the answer to those who are more closely related to the institution than we are or ever intend to be.

As we understand it, this company is what is called a stock-mutual, and its policy-holders have no voice in the management, the stockholders attending to all this. If this is the case, Dr. Lodge's appeal to the policy-holders for a change, "so that its business shall be conducted on principles of fairness and equity," will not avail. Dr. Lodge announces that he will in a subsequent paper "discuss the Homœopathic Mutual's forfeiture policy in its ethical and legal aspects, proving that it is certainly both immoral and unlawful." If there is any one thing that one wants to be more certain about than another, it is in respect to the provision which life insurance is supposed to afford, and our advice to our readers is to abandon sentiment in the selection of a company in which to insure, and not depend too

much upon the cost of insurance, but be as certain as you can be of anything that the business will be conducted on honest principles, and that the company is and will continue to be able to meet its engagements. The stock-mutual Company is supposed to pay interest to its stockholders; the purely mutual company has no stockholders to pay interest to, and all the profits consequently go to the policy-holders; hence there can be no question, every thing else being equal, which is the better plan upon which to insure.

CARE OF THE INSANE.

JUDGE BARRETT, of the Supreme Court, than whom no abler jurist sits upon any bench, we are glad to see has decided to remand the lunatic Meirhoff to the asylum. In doing so, the judge justly says:

"The affidavit of Dr. Goetz (who declares that Meirhoff is sane) is negatived by that of Dr. Macdonald, who is an expert of great experience and who has had opportunities for the examination of the relator which Dr. Goetz has not had. Of course the relator's letters asserting his sanity and his attorney's opinion cannot outweigh the testimony of expert and perfectly disinterested men of science. Drs. Field and Hardy, both special experts, in June last took the same view of Meirhoff's condition as Dr. Macdonald now does, except that he was probably worse then."

The man evidently belongs to a class of persons who should be kept under observation for a long time, and we are glad to find a judge who can consider and decide such cases, regardless of the influence of the populace, who know nothing of such matters. As will be observed, the question of insanity was left where it belongs, in the hands of experts, who can have no doubtful motive in their opinions.

The asylums for the insane are so rapidly filling up, that we should suppose the authorities would rather discharge a patient than to receive one, and under these circumstances we do not believe they would attempt to hold sane people under their charge. Quite recently Judge Cowing committed a woman for the second time to the asylum, under arrest and before the court for theft, who had been twice before for long terms under restraint of this kind, with the remark, that he did "not see how she ever got out."

It is evident that the courts are taking a more enlightened view of these cases, and with the aim of honest

expert testimony, they will be able to do much more in the direction of public safety.

It is painfully apparent that insanity is on the increase, as shown by statistics.

F. B. Sanborn, Esq., says that, including all classes under official observation at present in Massachusetts, there are probably 4,500 insane persons in public and private establishments to-day, where 20 years ago there were less than 2,100, showing an average increase for 20 years in these establishments of 120 a year. For the last 10 years the rate has been 160 a year, and for the last 5 years nearly 200. The actual increase of insane persons in the whole State during 20 years is hard to compute, because no exact census of them is ever taken; but we assume the present number to be nearly 6,500, and we know that 30 years ago Dr. Jarvis reported them as 2,632. This would show an increase in 30 years of 3,868, or at the rate of 129 a year for the whole period. The present rate of increase cannot be much less than 300 a year. We must build separate asylums for the chronic insane, at small cost for the structures, and economically managed; we must build a few small hospitals for the recent insane, and take pains that these do not become crowded with incurables. But let it not be forgotten that more than nine-tenths of our present patients under treatment are incurable, and that the proportion is never likely to be much less than now. Six years ago he made a list of 2,598 insane persons then in the State hospitals, of whom no more than 250 have since recovered, while nearly or quite half still remain incurable in the establishments where he found them in 1879.

THE INTERNATIONAL CONGRESS.

THE committee appointed to arrange for the meeting of the International Congress in this country, in 1887, held a meeting in this city recently and arranged the following rules:

1. The Congress shall consist of members of the regular profession of medicine, who shall have inscribed their names on the register and shall have taken out their tickets of admission; and of such other scientific men as the Executive Committee of the Congress may see fit to admit.

2. The dues for members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

3. The Congress shall be divided as follows, into seventeen Sections:

I. General Medicine. II. General Surgery. III. Military and Naval Surgery. IV. Obstetrics. V. Gynecology. VI. Therapeutics and Materia Medica. VII. Anatomy. VIII. Physiology. IX. Pathology. X. Diseases of Children. XI. Ophthalmology. XII. Otology and Laryngology. XIII. Dermatology and Syphilis. XIV. Public and International Hygiene. XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology. XVI. Psychological Medicine and Diseases of the Nervous System. XVII. Dental and Oral Surgery.

4. The General Meetings of the Congress shall be for the transaction of business and for addresses and communications of general scientific interest.

5. Questions and topics that have been agreed upon for discussion in the Sections shall be introduced by members previously designated by the titular officers of each Section. Members who shall have been appointed to open discussions shall present in advance statements of the conclusions which they have formed as a basis for debate.

6. Brief abstracts of papers to be read in the Sections shall be sent to the Secretaries of the proper Sections on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress.

Papers relating to topics not included in the lists of subjects proposed by the Officers of the Sections may be accepted after April 30, 1887; and any member wishing to introduce a topic not on the regular lists of subjects for discussion shall give notice of the same to the Secretary-General, at least twenty-one days before the opening of the Congress, and such notices shall be promptly transmitted by the Secretary-General to the Presidents of the proper Sections. The titular officers of each Section shall decide as to the acceptance of such proposed communications and the time for their presentation.

7. All formal addresses, scientific communications and papers presented, and scientific discussions held at the General Meetings of the Congress, shall be promptly given in writing to the Secretary-General; and all papers presented and discussions held at the meetings of the Sections shall be promptly given in writing to the Secretaries of the proper Sections.

No communication shall be received which has already been published, or read before a society.

The Executive Committee, after the final adjournment of the Congress, shall direct the editing and the publication of its "Transactions," and shall have full power to publish the papers presented and the discussions held thereon, either in full, in part, or in abstract, as in the judgment of the Committee may be deemed best.

8. The official languages of the Congress shall be English, French and German.

In the meetings of the Sections, no member shall be allowed to speak for more than ten minutes, with the exceptions of the readers of papers and those who introduce subjects for discussions, who may each occupy twenty minutes.

9. The rules and programmes shall be published in English, French and German.

Each paper and address shall be printed in the "Transactions" in the language in which it was presented, and preliminary abstracts of papers and addresses also shall be printed, each in the language in which it is to be delivered.

All discussions shall be printed in English.

10. The President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of the Sections, shall together constitute an Executive Committee of the Congress, which Committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purposes of the Congress, shall supervise and audit the accounts of the Treasurer; and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of business.

11. The Officers of the Congress shall be a President, Vice-Presidents, a Secretary-General, four Associate Secretaries, one of whom shall be the French Secretary, and one of whom shall be the German Secretary, a Treasurer, and the Chairman of the Finance Committee.

12. The officers of each Section shall be a President, Vice-Presidents, Secretaries, and a Council.

13. The officers of the Congress and the officers of the Sections shall be nominated to the Congress at the opening of its first session.

14. The Executive Committee shall, at some convenient time before the meeting of the Congress, prepare a list of foreign Vice-Presidents of the Congress and foreign Vice-Presidents of the Sections, to be nominated to the Congress at the opening of its first session.

15. There shall be a standing Committee on Finance, composed of one representative from each State and Territory, the District of Columbia, the Medical Department of the Army, the Medical Department of the Navy, and the Marine Hospital Service.

Officers of the Congress: *President*, Austin Flint, M.D., LL.D., New York. *Vice-Presidents*, W. O. Baldwin, M.D., Alabama. H. I. Bowditch, M.D., Massachusetts. William Brodie, M.D., Michigan. Henry F. Campbell, M.D., Georgia. W. W. Dawson, M.D., Ohio. R. Palmer Howard, M.D., Canada. E. M. Moore, M.D., New York. Tobias G. Richardson, M.D., Louisiana. Lewis A. Sayre, M.D., New York. J. M. Toner, M.D., District of Columbia. The President of the American Medical Association. The Surgeon-General of the United States Army. The Surgeon-General of the United States Navy. The Supervising Surgeon-General of the United States Marine Hospital Service. *Secretary-General*, Nathan S. Davis, M.D., LL.D., Chicago, Illinois. *Treasurer*, E. S. F. Arnold, M.D., M.R.C.S., New York. *Chairman of the Finance Committee*, Frederick S. Dennis, M.D., M.R.C.S., New York.

The *New England Medical Monthly* says, editorially, that it is everywhere admitted that the outlook of the ninth International Congress is gloomy in the extreme. Every effort which has been made with the aim to conciliate the warring spirits has served only to complicate matters and aggravate existing evils.

The Medical profession of the United States has been for two or more years in such a chronic state of irritability that we cannot hope to see an amicable adjustment of fancied grievances, much less those which have some slight foundation in fact.

The efforts of a few who long since began to stir the waters in the hope of securing benefits which they could obtain in no other way, have been, from one point of view, successful, for the profession has become divided against itself and the integrity, not only of the International Congress, but of the American Association itself, is endangered.

The editor urges "upon those gentlemen who would do much for recognition and so little for science, who are not willing to yield a point to insure the success of the meeting, and who, in their efforts to preserve their dignity and self-respect, have narrowly escaped the loss of both, to refrain from further effort to injure the Congress, which could, even now, survive their loss."

In respect to the recent meeting of the committee, which is described as large and harmonious, it is said that it has made all concessions and so broadened the terms of admission that there will be no excuse for any of the malcontents not participating in the Congress, and that they will decline to their discredit. We have no idea that these men will become very enthusiastic co-workers. The organization is now complete and let us see whether President Flint's definition that a regular physician is one without sectarian designation, will be sufficient qualification for admission to membership in the proposed Congress.

—It is said that the treatment of cholera patients in Spain, is to keep them entirely without food for six days, only a little tea and warm rum being allowed! Is it any wonder that they become emaciated? Since the outbreak of cholera in that country, there have been 121,839 cases reported, with 50,209 deaths.

WHAT ARE HOMŒOPATHIC MEDICINES?*

STRICTLY speaking, there are no such things as "homœopathic medicines." A medicine is neither homœopathic nor allopathic in itself, but only in its relation to disease. For example, it is just as true to say that opium is an allopathic medicine as it is to say that it is a homœopathic medicine. When taken by healthy persons opium produces constipation; it follows that when opium is given to persons suffering from constipation it is used homœopathically, and is in that case a homœopathic medicine. Conversely, when opium is given to patients suffering from diarrhœa it is used allopathically, and is in such a case an allopathic medicine. The word "homœopathy" simply expresses the fact that medicines have the power to cure diseases like those they have the power to produce. It neither affirms nor denies that drugs may have other properties. Consequently, in accurate language, whether a drug is homœopathic or not depends entirely upon its use.

But this is not what is usually understood by the phrase "homœopathic medicines." Perhaps most people, when asked the question, "What are homœopathic medicines?" would reply, "Medicines that are sold at a homœopathic chemist's." They would be ready with a string of names from aconite to zincum, all of which they would say are homœopathic medicines. And in a certain sense their reply would be true enough; for there is a loose sense, which use and convenience have sanctioned, in which it is applied to all those remedies the peculiar virtues of which were first made known by Hahnemann and homœopaths. In this sense aconite, pulsatilla, sepiâ, silica, are all homœopathic medicines, and we have no desire to make a pedantic quarrel with this looser use of the phrase; only let it be understood that this is a conventional, and not a strictly scientific use of the words.

Others, again, if the question was put to them, would answer "Homœopathic medicines are medicines that are infinitesimally diluted, and have neither taste nor smell." It is one of the many disadvantages that our system labors under, that the name by which it is known is doomed to be misunderstood. Infinitesimal dosage has become so intimately connected in the popular mind with the practice of homœopathy that most people—and even many of the better educated—suppose that the word homœopathy means small. Philology is not a strong point with the majority of mankind, and we have a strong suspicion that there is a dim notion lurking in the minds of our countrymen that "homœopathy" comes from two Greek words—"homœo," small, and "pathy," doses. We fear it is too late to attempt to repair the mischief. We know, of course, that homœopathy has nothing to do with smallness, and we know that the principle of our treatment is something quite distinct from the question of dose. Hahnemann discovered the homœopathic principle long before the power of the small

* Our esteemed contemporary has given in the above editorial article, which we quote at length, (*Hom. World* for August, 1885) another strong reason why the term "homœopathic" should be abandoned, and we sincerely thank Dr. Clarke for the concise and masterly manner in which he has presented the subject. We commend its perusal to all those who use the term in that loose way which so many do. The term, "allopathic homœopathy," used by our contemporary, is as improper as any he criticises!

The illustration attempted in the subject of opium is not as clear as we wish it was, for we fear it will be misunderstood by some, but it shows the necessity for the study of the dual action of drugs, and it might well go far enough to show which cases of constipation are cured by it.

We see no objection to the title "The New Therapeutics," but even that is unnecessary when the dual action of drugs is appreciated.—Eps.

dose dawned upon his mind; the examples of homœopathic cures he quotes from old-school authors and his own early practice of homœopathy were performed with the strongest preparations of the drugs. But it is mere waste of time trying to impress this fact on the mind of the public or of the profession at large. They have their own notion of what homœopathy is, and they are not going to change it for all our preaching.

In addition to these two views of what homœopathic medicines are, there is another which deserves mention. Whilst there are some who think homœopathic medicines are so weak that they would be willing to drink gallons of them, as they say, there are others who think just the reverse. These medicines, they contend, are so fearfully poisonous that no sensible person will have anything to do with them.

For our own part, we have no great affection for words in themselves, though we are prepared to fight, so long as there is any fight in us, for the truths they embody. We believe that medicines will cure diseases like those they have the power to produce. Of this truth we are as sure as we are of our own existence. But when we tell the world and the profession that we believe in homœopathy, we do not convey that impression, but are at once met with endless misunderstandings; and in all our controversies three parts of our energies are devoted to clearing a way through misunderstandings—if, indeed, we ever succeed in doing more. For this reason, though we are prepared to devote our lives to the defense of the truth we hold, we should rejoice if any less understandable term could be found to embody our belief than the term which nobody understands but ourselves. Perhaps the phrase, "the New Therapeutics," which involves no theory, might serve such a purpose. We confess the question is a difficult one; but so long as we retain the old terminology let us at least understand our own meaning, and in all accurate writing or speaking avoid the use of such scientifically meaningless phrases as "homœopathic medicines."

BIBLIOGRAPHICAL.

THE BABY; HOW TO KEEP IT WELL. By J. B. Dunham, M.D. Chicago: Gross & Delbridge, 1885. 56 pp., 12mo.

A practical and comprehensive little book, suitable for the perusal of a mother, or what is better, of one who expects to become such. It is also suitable for any who may be interested in the subject.

COMPARATIVE ANATOMY AND PHYSIOLOGY. By F. Jeffrey Bell, M.A., Professor of Comparative Anatomy at King's College. Illustrated with 229 engravings. Philadelphia: Lea Brothers & Co., 1885. Pp. 556, 8vo.

The subject of which this little work treats not being sufficiently appreciated by the profession at large, we sincerely hope that the book under review may have a wide reading in order to awaken an interest in so important a study. The text treats chiefly of organs, and hence will not fail to interest the practical physician.

CHOLERA; Its Origin, History, Causation, Symptoms, Lesions, Prevention and Treatment. By Alfred Stillé, M.D., LL.D., Professor Emeritus of the Theory and Practice of Medicine in the University of Pennsylvania. Philadelphia: Lea Brothers & Co. 1885. Pp. 164. 12mo.

This little work, from the hand of so eminent an authority as Prof. Stillé, will be received with great confidence, because

it is founded upon vast knowledge and experience. In its "History, Etiology, Symptomatology, Complications and Sequelæ, Morbid Anatomy and Pathology, Diagnosis, Prognosis and Prevention," it is all that could be desired, but in its *medical treatment* we cannot say as much. It is one of those books which one likes to sit down and read through because of its fascinating style and excellent English.

TEXT-BOOK OF MATERIA MEDICA, Characteristic, Analytical and Comparative. By A. C. Cowperthwaite, M.D., Ph.D., LL.D., Professor of Materia Medica and Diseases of Women in the State University of Iowa. Third edition, revised and enlarged, making a volume of 713 pages. Cloth, \$5.00; sheep, \$6.00. Chicago: Gross & Delbridge, 1885.

The first edition of this text-book was issued three years ago, and received general commendation. To the third edition has been added some one hundred remedies, the text has been entirely re-written, with the addition of many clinical symptoms, and the work, as it now appears, cannot fail to be received with increased favor. The author has endeavored to furnish the beginner with the prominent features of the most important remedies, and to so arrange them as to facilitate their study, particular attention being paid to comparisons. A pronouncing index of the names of drugs has also been added to the third edition, which will be found very convenient on many occasions. We have no hesitation in saying that this is the most concise hand-book of materia medica symptomatology we have, and it is an encouraging sign that it is not covered all over with any distinguishing title which would confine its use to a sect in medicine. We shall commend the work to those colleagues who are desirous of knowing more symptomatology of drugs. The publishers have done their part excellently, this being by far the best piece of work this enterprising firm has offered us.

We are pleased to welcome to our exchange list the "Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School and Hospital." Its columns indicate the kind of work being done in this excellent institution for post-graduate study.

SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTIC HINTS. By C. G. Raue, M.D. Third edition, greatly enlarged and improved. Pp. 1,094, large 8vo. Half morocco or sheep, \$8.00. Philadelphia: H. E. Boericke, 1885.

Raue's "Special Pathology and Diagnostics, with Therapeutic Hints," is a standard text-book in the school of medicine of which it is an exponent, and needs no introduction to our readers. It is enough to say that this edition has been greatly enlarged and improved, 175 pages having been added. To include this additional matter without increasing the bulk the text has been printed in somewhat smaller type, and the result is in every way satisfactory.

We quote from the author's preface:

"The main work done in this revision is the addition of a *digest* to all such chapters which present a list of therapeutic hints of *three pages and over*. * * * My '*digests*,' however, are *not* alphabetical repertoires; each single one has been arranged according to the requirements of each single chapter. What belongs naturally together, or what is nearly related to each other, has been put together in order to facilitate comparison and choice between the different remedies.

"This laborious task I have undertaken because I wished to accomplish two very important objects. First, to assist the accurate prescriber, as far as it lies in the scope of this work, in his arduous task of finding the required remedy quickly and safely; and, secondly, to induce my young friends to study closely their cases, in order to keep out of the ruts, so easily trodden, of prescribing for a name. For in these digests they surely will find inducements for individualizing their cases, and although I do not promise that they will find in every instance what they are hunting for, I am sure they will be greatly aided in many cases."

Prof. Raue as a teacher was always noted for his practical conciseness in stating things, and his statements have always been looked upon as eminently reliable, hence it is no wonder that his work should reach a third edition.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN.

By Alfred Vogel, M.D., Professor of Clinical Medicine in the University of Dorpat, Russia. Translated and Edited by B. H. Raphael, M.D., formerly House Surgeon to Bellevue Hospital, Physician to the Eastern Dispensary for the Diseases of Children, Attending Physician Bellevue Hospital Out-Patient Department, Diseases of Genito-Urinary Organs and Syphilis, etc. Third American from the Eighth German Edition, revised and enlarged. Illustrated by Six Lithographic Plates. New York: D. Appleton & Company, 1885. Pp. 650. 8vo.

It is fair to presume that a work which has gone through eight editions, as is the case with the one under review, is practically beyond the province of the reviewer, the profession having already settled the question of its value by their demand for its publication.

In the present edition, the chapters on Artificial Nutrition, on the Difficulties of Dentition, and on Nervous Diseases, have had considerable additions made to them, and the subject of the transmission of tuberculosis from the cow by means of the milk, is discussed.

The American Editor has added an article on Cerebro-Spinal Meningitis, many valuable notes which are properly indicated, and which bring the work down to date.

The whole forms a text-book of great value, as has been shown by the profession in its eagerness to possess it.

THE USE OF THE MICROSCOPE IN CLINICAL AND PATHOLOGICAL EXAMINATIONS. By Dr. Carl Friedländer, Privat-Dozent in Pathological Anatomy at Berlin. Second Edition, Enlarged and Improved with a Chromo-Lithograph. Translated, with the permission of the Author, by Henry C. Coe, M.D., M.R.C.S., L.R.C.P. (London), Pathologist to the Woman's Hospital in the State of New York. New York: D. Appleton & Co., 1885. Pp. 196. 12mo.

This concisely written practical little book, the second edition of which has been made to accord with the progress which is constantly going on in this important department, contains, in addition to the text, a colored plate comparison of some of the more important and characteristic pathogenic schizomycetes. The microscopist will find the work adequate to his wants.

RENAL AND URINARY AFFECTIONS. By W. Howship Dickinson, M.D. Cantab F.R.C.P., is the August issue of Woods' Library of Standard Medical Authors.

This volume is in reality a continuation of an exceedingly interesting work on albuminuria by the same author, which was published in Woods' Library of Standard Medical Authors for 1881. The author supposes the reader to be familiar with

the methods of urinary examination and therefore does not repeat them, but discusses with marked intelligence the morbid states and conditions which attend the absence or superabundance of the urine. He has dealt fully with the circumstances of phosphatic excess and the addition of albumen, chyle and blood, and has also entered with some detail into the condition of urine and the system, which occur in the formation of calculi.

A TREATISE ON NERVOUS DISEASES, THEIR SYMPTOMS AND TREATMENT. A text-book for Students and Practitioners. By Samuel G. Webber, M.D., Clinical Instructor of Nervous Diseases in Harvard Medical School. New York: D. Appleton & Co., 1885.

The book is prepared not for specialists, but as a handy volume of reference for the student and practitioner and includes, clearly stated, some of the most essential points in the study of nervous diseases. The volume contains within a small compass a large amount of practical matter. There is evidence of careless proof-reading in the index which should receive the author's attention.

VOL. II. OF POISONS, THEIR EFFECT AND DETECTION, with an introductory essay on the growth of Modern Toxicology, by Alexander Winter Blyth, M.R.C.S., F.C.S., is the July issue of Woods' Library of Standard Medical Authors.

The first volume of this admirable work was issued in June and that together with the present volume, forms one of the best practical treatises on the subjects discussed now before the public. Snake poisons and other toxic animal secretions have received notice, and much attention has been paid to a subject comparatively unworked, that of cadaveric alkaloids. A brief resume is given of the latest methods for the identification of stains of blood, and an alphabetically arranged list is given of the more common poisons, with brief directions for treatment.

MALARIA. By J. H. Salisbury, A.M., M.D. McNaughton prize essay 1882, awarded by the Albany College Alumni Association. New York: William A. Kellogg.

Dr. Salisbury attempts to prove in this book, that a low, marshy soil is not essential to the growth of the ague plant and copious experiments were made to show that some limestone regions were productive of a worse form of malaria.

The record of the experiments, with the ingenuity of some of the methods for collecting and classifying the germs, show the writer to be thoroughly posted in the use of the microscope, and whatever may be the opinion of the profession with regard to the theories advanced, and conclusions apparently arrived at, the book seems to be a modest expression of deductions which were the result of untiring work and repeated observation and experiment, and as such is entitled to, at least, a careful reading.

The book may be recommended as being the possible beginning of some definite knowledge of a very fruitful cause of disease, with some practical hints on treatment and prevention.

CORNS.—M. Vigier says that if the corn is painted every second day for a week with a mixture composed of salicylic acid, 15 grs., ex-cannabis indica, 7½ grs., alcohol, 15 minims, ether, 37½ minims, and flexible collodion, 75 minims, it can be pressed out with the fingers.

SYPHILITIC CONDYLOMATA.—We have often treated these warts, when not too large, with hydrarg. subchloridin externally. A writer in the *Practitioner* recommends as preferable a combination of thirty grains of the above drug with fifteen of boracic acid and five of salicylic acid.

OBITUARY.

MARTIN A. TICKNOR, M.D.

DR. TICKNOR died at his residence, in Brooklyn, New York, of Bright's Disease, on September 11, 1885, aged 64 years. The doctor was entered in Amherst College in his youth, but after two years of study was compelled to relinquish the course by ill-health. He then undertook the study of medicine, and was graduated from the University of New York in 1854. Two years afterward the authorities of the Berkshire Medical College, where he had taken one course of lectures, also conferred the degree of M.D. upon him. He was a member of the Medical Society of Massachusetts and of the New York State Homœopathic Medical Society. In later years he obtained a degree from the Ophthalmic College of New York.

Like many another man of great native capacity and acquirement, Dr. Ticknor's life was one long struggle with a feeble and disordered frame. He was exceedingly myopic and several times lost his sight entirely, but regained it. He suffered severely from gout also, and this affection doubtless laid the foundation for the disease of the kidneys which finally proved fatal. He had not an enemy in or out of the profession, and he had hosts of friends who will sincerely mourn his loss and who appreciated his quiet worth. Handicapped in the race of life with a feeble frame, condemned by frequent sickness to a loss of practice, betrayed by seeming friends into a loss of property, he still sustained an honorable and Christian character, and has gone to a well-earned rest. If just compensation and equalization of this life is to be found in the next, there are many who are deemed the most successful in the medical profession now who will rank far below him then. He was a "good and faithful servant" and he did well. Peace to his ashes.

W. S. S.

TRANSLATIONS, GLEANINGS, ETC.

FISSURE OF THE ANUS.

WITH our knowledge of the diathesis of the patient and of the nature and character of the local symptoms, the selection of the suitable remedy will not be difficult. If we seek for drugs which have given rise to actual fissures we shall be disappointed. Only one drug, plumbum, and that as contaminating drinking water, is credited with having actually produced fissures as a consequence of obstinate constipation. In aconitum lycoctonum we have "after stool, pain in the anus as if there was a crack there." In allium cepa, we have "with an evacuation, it seems as if there were cracks on the inside of the anus." But we have a large number of drugs whose rectal and anal symptoms bear a close resemblance to the symptoms we meet with in patients suffering from the disease, and these drugs are often efficacious not only in removing the symptoms but also the disease which has given rise to them. We proceed to point out the indications of the principal remedies.

Acon. lyco.—Constipation. The anus feels as if strongly contracted. Whitish stools. After stool, shivering; pain in the anus as if there was a crack there. Itching, tearing at the anus.

Aesc. h.—Dryness, heat and constriction of rectum, with feeling as if it were filled with sticks. Itching, burning, dull aching, soreness, fulness, cutting of anus. Large and hard

stool, passed with great difficulty, followed by severe pains in anus, dull pains in umbilical and hypogastric regions, with very severe back-ache in lower part of lumbar and sacral regions. Stool, black and hard in the first part, of natural consistence but white in the second, followed by severe tearing pains in anus. Painful, burning hemorrhoids, rarely bleeding. Feeling of dryness and roughness, or even excoriation and constriction of throat.

Allium Cepa.—Difficult evacuation of feces; he had to strain much, though the stool was not hard. Blood passes with stool. Biting in anus. With an evacuation, sensation as if there were cracks on the inside of the anus.

Antim. c.—Constipation with difficult expulsion of hard stool. Discharge of mucus, of black blood from the rectum. Pain in the rectum during stool; feeling of soreness, as if an ulcer had been torn open. Burning, itching, smarting of the anus. Stool, first natural, then small and loose, then small and hard, with violent straining in the rectum and anus until all are passed.

Arsenicum.—During stool, painful contraction directly over anus, towards the small of the back. Burning of the anus for one hour, disappearing *after* hard and knotty stool. Burning in the rectum *after* stool, with great weakness and trembling in all the limbs. Burning in anus, worse when walking than when sitting or lying down. The evacuations excoriate the skin about the anus. Painful soreness of the anus when touched. Itching, scraping or smarting pain in the anus. Unnoticed discharge of stool, as if passing wind. Slimy, thin stools having a hacked appearance. Watery blood passes with the stool, and surrounds it. Expulsion of pieces of mucus, accompanied by tenesmus, with cutting in the anus, as of blind hemorrhoids.

Aurum.—Margin of anus painfully swollen. Sharp stitches in rectum and anus. Burning heat and tearing pains at the anus. Heat and dull pain at the perineum. Constipation. Very large stool, passed with difficulty. Very hard, knotty stool every day.

Bell.—Distinct, rapid, severe shootings in rectum during stool. Violent, sudden painful itching in rectum and anus. Violent itching, and at the same time constrictive sensation at the anus. Itching at the anus externally, when walking in the open air. Frequent thin stools with tenesmus; frequent desire for stool, obliging him to go every quarter of an hour. Granular, yellow, somewhat mucous stool. Stools have a sour smell.

Dr. Graham, of Stirling, was the first to employ, in about 1770, belladonna in the shape of an ointment as a local application to relieve the spasm of the sphincter in diseases of the rectum and anus. Sir B. Brodie employed it as a suppository, but he had to abandon it owing to the alarming symptoms it produced in some cases.

Cale. c.—A pain in the rectum *as if it were torn*, with stool that is not hard. Burning in the rectum *after* a copious stool. Drawing and cutting in the rectum, with a feeling of heat in it, *after* a natural stool. Continued pressure in the rectum, and oppression of breathing, *after* stool. Crawling in the rectum and anus, as from worms; troubles from pin worms. Cramp in the rectum, with gripping and sticking, and anxiety, obliging him to walk about. Much loss of blood from anus, *during* stool. Burning in anus *during* stool. Burning and *dry* sensation in anus. Burning-itching in anus, *after* stool. Drawing cuttings in and about the anus, *after* stool. Constipation increasing from day to day. Frequent passage of stool, at first hard, then pasty, then liquid. Hard stool with mucus, burning when passing. Undigested, hard, *inter-*

mitting stool. White stool, streaked with blood. Offensive stool, like bad eggs.

Cauticum.—Cramp in the rectum, which made it impossible to walk; she was obliged to sit still. Continued pressure in the rectum and anus, worse *after* stool. Stitching in the rectum *during* stool. Burning in the anus *during* and *after* stool, with depressed pulse and palpitation. Excessive itching in the anus, day and night. Crawling in the rectum and anus. Urging to stool, *though the anus is spasmodically contracted*, so that no stool passes: the pressure however continues. After a crumbly stool, the rectum contracted, and then a soft stool, in form like a goose-quill, was passed. Mucus and clear blood with a nodular, difficult stool. Stool passes better *when standing*.

Graphites.—Swelling about the whole circumference of the anus. Sticking pain in the rectum, *as if every thing were indurated*. Itching and feeling of soreness in anus. Burning in the anus with the stool. Stool very thin, in form like a round worm. White or reddish mucus with stool. Sour-smelling stool, with burning in rectum. Hard, knotty stool, the lumps being united with mucous threads, and even after the stool there is still mucus in the anus. Blood with stool.

Dr. Gilchrist recommends graphites for "deep, long and numerous fissures about the anus, no eversion of edges, no inflammation; the fissures look like clean cuts, and are not very sensitive."

Gratiola.—Tenesmus; painful contraction of the rectum after every stool. Spasmodic contraction in the sphincter ani. Burning at the end of rectum, during and after stool. Throbbing pain in anus, for several days. Itching and crawling in the anus. Hard stool with great exertion.

Hepar sulph.—Crawling in rectum, as from worms. Burning in anus; feeling of soreness *after* stool. Soft, clay-colored stool passed with great exertion. Blood with stool. No peristaltic action in the large intestines, only a portion of stool can be forced out by the aid of the abdominal muscles.

Ignatia.—Swelling of the margin of the anus all round, as if the veins were distended. Spasmodic tension in the rectum, the whole day. Pain in the rectum as from blind piles, consisting of contraction and soreness, lasting from one to two hours *after* stool. Painless contraction, *a kind of stricture*, of the anus, for several days. Contractive pains in anus, *returning at the same hour every day*, painful when walking, especially when standing, not while sitting, with accumulation of stringy saliva in the mouth. Sharp, pressive pain, deep in the rectum, *after* stool. Coarse stitch extending from the anus deep into the rectum. Stool large and difficult to pass. Stool whitish yellow or clay colored. Itching and crawling in rectum, anus and perineum. Prolapsus recti, from the slightest exertion at stool. Ineffectual urging and desire for stool, felt mostly in the upper intestines (middle of the abdomen), scarcely in the rectum and anus; the urgency comes on mostly soon after eating. Thread worms crawl out of the anus.

Lachesis.—Painful, spasmodic contraction of anus, *after* reduction of prolapsus recti. Burning in the anus *during* and *after* stool. Spasmodic pains in anus *before* and *after* stool. Obstinate constipation. Hard, nodular stool. After ineffectual urging for several days scanty, soft stool with great pressure, and with pains as if the sphincter would be forcibly pressed asunder.

Mezereum.—Acute tenesmus, tearing and drawing in anus and perineum, extending through the whole urethra. *After* stool the anus contracts round the prolapsed rectum which, thus strangulated, becomes sore and painful. Much itching about the anus. Crawling in the anus, as from ascarides,

before and after stool. Excessive urging to stool, a very scanty, soft evacuation, effected only with difficulty and much pressure, followed by a distressing sore sensation in the rectum. Stool offensive and sour-smelling. Stool very dark, clay-colored, remarkably devoid of bile. Stool yellowish-brown, streaked with blood. Discharge of thin blood, bright or dark, during and after stool. Small, white shining grains in the brown feces.

Natrum mur.—Sensation of contraction in the rectum during stool; hard feces, evacuated with the greatest exertion, causes tearing in the anus, which bleeds and becomes sore; afterwards thin stool; every other day she is constipated. Dragging in the rectum after stool. Burning in the anus, after stool, hard or soft, especially when vexed. Spasmodic constriction of the anus. The anus seems swollen; the sensation as of a plug sticking in it constantly drove him to stool. Sensation as of needles sticking in the anus, caused by thread worms. Intolerable itching in the anus, that seemed to extend to the bladder and prostate gland. Hard, unsatisfactory stool, evacuated with much pressure and violent pain, as though the rectum would burst, followed by bleeding, and long lasting pain in the rectum.

Nitric acid.—Itching and scraping in the rectum and anus, with spasmodic constriction of the anus, during a stool, lasting many hours. With the stool pain as if something in the rectum would be torn asunder. Burning in the anus, during and after stool. Itching in the anus, after a stool, especially while walking in the open air. Smarting, more in the rectum than in the anus, immediately after a stool. Stool in hard masses; like sheep-dung, with much pressure, and with mucus.

Nux vom.—Sharp, pressive pain in the rectum, before and after stool. Sticking pain, with sensation of constriction and contraction in the rectum, during stool. After stool it seemed as if something remained behind and could not be evacuated, with a sensation of constriction in the rectum, not in the anus. Itching in the anus and a hot stool. A burning smarting pain and a sensation in the anus, as if a wound had been cut into immediately and some hours after stool. Stool coated with mucus, or mucus and blood. Whitish stool, mixed with tenacious mucus and streaks of blood. Discharge of bright blood with stool. Evacuation of dark-colored mucus that causes biting burning in anus. Stool, at first soft and thin, afterwards hard. Constipation, with rush of blood to the head. Stool large, hard, dry. Frequent ineffectual desire for stool after the usual evacuation. Itching in the rectum down to the anus. On going to stool the pressure seems more upon the uterus (as if a child would pass) than upon the rectum. Worse from exerting the mind. Thread worms.

Petroleum.—Scales on the margin of the anus, with a tickling, smarting sensation. Rectal fistula. Frequent urging to stool, always followed by scanty diarrhoea-like discharge, with much pressure, as if more would follow. Stool evacuated only after much exertion, as if there were not power in the rectum to expel it. Stool difficult to pass, with sore pain in the anus. Burning and sticking in the anus. Violent, smarting stitch, extending from the anus over the illium to the glans penis. Pressive pain in the rectum before the menses, obliging her to bend forward; on assuming the erect position, a sticking in the rectum, worse from walking. Blood, mucus, ascarides with stool.

Phosphorus.—Violent, constrictive pain, with stitches, in the rectum, before stool. Contraction of the rectum; and with the evacuation of even soft stool, a sharp, biting, sore pain in it extending up into the abdomen, and lasting several

hours. Smarting in the rectum during stool that was not hard. Violent burning in the anus and rectum, with great exhaustion, after a soft stool. Frequent sharp scratching and burning in the anus with strong desire to urinate, without discharge of much urine, after stool. Violent pain in anus as if whole body would be torn asunder, with cutting and movements in the abdomen, constant ineffectual desire for stool, heat in the hands and anxiety, relieved by the application of warm clothes. Frightful tenesmus in the anus and rectum for some time after stool. Frequent itching and crawling in the anus, after walking in the open air. Stool hard, covered with mucus, and some blood. Blood passes almost daily with the stool. Discharge of prostatic juice with hard stool. Hard stool, in small lumps.

Phytolacca.—Neuralgic pain shooting from the anus and the lower part of the rectum along the perineum, to the middle of the penis, followed in a few minutes by a neuralgic pain in the right great toe. Peculiar heat in the rectum, with burning in the stomach. Continual inclination to go to stool, with much straining. Dark, papescent stools, with undigested food in them. Dark, lumpy, hard stool.

Plumbum.—Anus violently constricted and drawn up. Finger, introduced into the rectum, was forcibly closed upon by the anus and the bowel as far as it entered. Burning, cutting in the anus, during stool. Constipation increased to such an extent that fissure of the anus took place. Evacuations scanty, hard, like sheep-dung. Stool tough, indolent, at last streaked with blood. Stool fetid, black, leaden-colored, smooth, sometimes globular. Tenesmus of rectum and bladder.

Sedum acre.—This is a crassulaceous plant, an irritant emetic and purgative, recommended for fissure of the anus by Dr. Jousset of France. This is how he came to use it: "I have read, in an article on hæmorrhoids," says he, "that the use of the *Sedum telephium* for hæmorrhoids is common in Italy. I knew that this plant, of the same family as the *sedum majus*, was recommended for painful hæmorrhoids, and especially for fissures of the anus. I inquired of Catellan, our pharmacist, if he had the *sedum telephium*, and on his replying that just at that time he had only the *sedum acre*, I took the latter and prescribed it in the third dilution for a man who was suffering from an extremely painful fissure of the anus. The relief was very rapid, and it was followed by his cure, after a few weeks' employment of this remedy. Since then I have continued to prescribe it; and although it is not always successful, yet it has often produced a happy effect in relieving the pains that are incident to fissures of the anus and to hæmorrhoids. The indication for the *sedum acre* is: excessive pain, which is greater after the stool, and which may persist for some hours."

Sepia.—Heat and swelling of the margin of the anus. Before and during stool, excessive contractive pain in rectum and anus extending thence into the perineum and vagina. Pain in rectum during stool, and afterwards for a long time while sitting. Burning in rectum and anus during stool. Severe constriction of sphincter ani preventing stool. Smarting in rectum after stool. Stitches in anus after the morning stool, lasting until afternoon. Hard stool, small, lumpy, passed with great difficulty. Difficult expulsion of thin, soft, shaped feces. Blood, bloody mucus, or simple mucus, with stool. Protrusion of hæmorrhoids, of the rectum, during stool. Burning and itching in the rectum and anus. Discharge of bloody mucus after stool. Unsuccessful desire for stool, passes only wind and mucus, with sensation in rectum as if a plug were in it. Ascarides.

Silecea.—Jerking, almost dull stitching, cutting, stinging in the rectum. Burning, painful stinging, itching in the rectum *during* stool. Violent sticking in the rectum, extending towards the genitals, while walking. Constrictive pain in the anus *during* stool. Pressure and burning in the anus *after* stool. Constipation *before* and *during* the menses. Dry, hard, light colored stools. Very hard, nodular, stools, like clay-stones, evacuated with great effort. Stool scanty, difficult; after great urging and straining until the abdominal muscles became sore, the stool that had already protruded slips back again. Horribly offensive stools. Stool mixed with mucus, or bloody mucus, or blood and mucus, followed by biting, itching in anus. Round worms with the stool.

Sulphur.—*Before, during* and *after* stool, burning in rectum and anus. Painful pressure, cutting in rectum *during* stool. Violent sticking in the rectum even when not at stool, taking away the breath. Throbbing pain in the rectum the whole day, *after* stool. Swelling of the anus with burning itching. Much pressure, burning, tenesmus in the rectum and anus *after* stool, lasting some time, so that she could not bear to sit. Constrictive pain in anus *after* stool. Violent itching in the rectum and anus. Constant bearing down towards the anus. Stool nodular, mixed with mucus. Stool hard, as if burnt. Stool, with sensation as if something still remained, and as if the stool had been insufficient. Blood with stool. Stool covered with mucus. Tape worm. Thread worms. Round worms. Rapid, almost involuntary stool; cannot rise from bed quickly enough. Prolapsus of hemorrhoids and rectum *during* stool.

Thuja.—*During* stool, violent pain in the rectum, so that she was obliged to desist. Cutting, jerking and twitching in the rectum *before* stool. The anus became as sensitive *after* a slimy discharge as though the skin were chapped and cracked there. Painful constriction of the anus *with almost every stool*. Violent burning, constant itching in the anus, remained *long after* stool. Evacuation of large, hard, brown balls streaked with blood. Tape worm, ascarides. Frequent dribbling of blood *after* stool. Stools alternately soft and hard, at times like pieces of apple. Condylomatous growths around the anus. Old rectal fistulae alternately heal up and break out.—*Calcutta Journal of Medicine*, April and May, 1885.

LOBAR PNEUMONIA SIMULATING MENINGITIS IN A BOY OF EIGHT YEARS.—(*Canadian Practitioner*).—The patient was taken with convulsions followed by frontal headache, photophobia, intolerance of sounds and slight delirium. There was pain in the right ear, later some bloody and purulent discharge from this, and deafness. He lay on the side with flexion of all the extremities. Cough and pulmonary symptoms generally were absent; the respiration was only 36°. Later in the disease the temperature rose to 105.5°; pulse to 160, and respiration to 48. There was violent delirium, twitching of the facial muscles and tonic-pedal spasm. There were also ataxic symptoms; he could not protrude the tongue; this organ was dry and brown. Sometimes he muttered incoherently; then started up with screaming cries of "fire!" etc. The temperature continued high, and the nervous system persisted. On the sixth day the first pulmonary signs were discovered; there was found over the lower two-thirds of the right lung fine crepitation and diminished resonance. On the next day there were signs of complete consolidation. The temperature soon fell to normal, the head symptoms promptly cleared up, and the case went on to a satisfactory recovery, the lung resolving promptly. The ear trouble proved to be an abscess in the external auditory meatus, which discharged for a fortnight and then ceased.—*Archives of Pediatrics*.

APHASIA AND CEREBRAL HEMORRHAGE COMPLICATING WHOOPING COUGH.—(*Glasgow Medical Journal*).—Two cases are reported, the first of which was in a girl of five who had suffered with pertussis four weeks, on admission to the hospital. One week later her cough became more severe and her temperature was 102.8. Physical examination revealed only râles. Two days later the child was drowsy, semi-comatose and finally completely comatose and hemiplegic on the right side. The writer does not state how these symptoms came on. The pupils were widely dilated. There was partial paralysis of the right face. As the coma passed away a couple of days later, complete aphasia was found to be present, subsequently she had a convulsion affecting the right face, arm and leg, coming on during a paroxysm of coughing. In ten days the paralysis quite disappeared. The aphasia also lasted about the same time, it would appear. The whooping cough was severe throughout and lasted nearly six months. There were no marked nervous symptoms thereafter.

Case two was a boy two years old. Whooping cough of six weeks' duration when admitted. A week afterward cerebral symptoms developed. He became stupid, had twitching of the left face, irregular respiration, somewhat on the Cheyne-Stokes order, and did not use the right arm, though the left was moved freely. Pupils equal and slightly dilated; temperature rose to 102, but not higher. He continued in this condition until death occurred the following day. The autopsy showed a considerable surface hemorrhage about the vertex on both sides close to the longitudinal fissure. There was no clot; the brain substance to the depth of three-fourths of an inch was soft and mottled, easily breaking down. One of the veins contained a pale clot. In the substance of the left optic thalamus was a small clot, the size of a large bean. The convulsions in this case, the author thinks, were due to the cortex hemorrhage, and the paralysis to that in the optic thalamus.—*Archives of Pediatrics*.

Note on Treatment of Whooping Cough.—Dr. John M. Keating, of Philadelphia, emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost everything, he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put into the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.

IMPOTENCE.—In cases of impotence from masturbation, accompanied with spermatorrhoea, we find morbid changes in the vesicular seminales, ejaculatory ducts, bulbous portion of the urethra and prostatic gland. Such cases frequently require surgical and special treatment, but I have found much advantage to result from the use of electricity and the free use of damiana. These agents possess tonic power over the nervous apparatus generally, and they act most favorably upon the nerve centres presiding over the functions of the genito-urinary organs.—(DR. J. J. CALDWELL, *Virginia Medical Monthly*.)

EPILEPSY.—In cases of epilepsy due to functional derangement, says Dr. J. J. Caldwell, where there are no permanent lesions, secondary changes or morbid growths, I believe the combination of atropine with the bromides administered at bed time almost a specific. (I name this time of administration because during sleep the physiological effects of atropine—dilated pupils, giddy sensations, etc.—will not inconvenience the patient during sleep, and will have passed off by morning.) The nitro-glycerine will coördinate the nerve centres during the day. Most of the epileptic and epileptiform troubles in the case at present in mind, originate from gastric and enteric irritations, thus showing the lesion or disturbances to be greatly confined to the sympathetic and pneumogastric centres. There is no one remedy that so specially and manifestly addresses itself, in my opinion, to these trophic centres, as atropine, and the same may be said of nitro-glycerine, in its exhibition in the manifold disturbances due to hyperæmia or anæmia of the brain centres. The bromides may be considered the great coördinators and supporters of peripheral disturbances. Thus, in the three remedies, we have a combination physiologically and theoretically indicated in the coördination of the entire nervous system—a system that may be considered a unit, still subject to local and special actions, as many remedies have shown and will indicate. The foregoing, with many other cases that could be mentioned, are practical illustrations of the proof of the above theory and the benefits of the combination of the three drugs in the treatment of these epileptic cases. In many cases I might mention from experience, reports, etc., where bromides, alone or in other combinations, have had a great effect in the suppression or control of epilepsy, they yet do not afford, in my opinion, the brilliant results obtained from the bromides combined with atropine, followed up by the nitro-glycerine treatment. In this connection, I may say that many of the manifestations of persistent spermatorrhœa have borne a close analogy to the behavior of epilepsy and epileptoids, particularly as to their periodicity, incubation and explosive tendencies, as well as the nervous phenomena, such as pallor, melancholy and stubborn resistance to all ordinary treatment and the kindly manner in which they yield to the above epileptic treatment, galvanism and other neurotic remedies, as the report of clinical cases will indicate.

CEREBRAL SYPHILIS.—This very serious condition (says Dr. H. C. Wood in the *Medical Age*) is most usually found in those in whom the earlier manifestations of syphilis have been very slight, so slight indeed, as in some cases to absolutely pass unnoticed. For instance, a woman may have a primary sore in the vagina or on the uterus, or a man may have a chancre in the urethra, which in either case causing very little annoyance, attention is not directed to it; some slight secondary eruption attributed to some other cause, may terminate the case for the present, without the man or woman having the most remote idea that he or she has been syphilized. Another peculiar feature about cerebral syphilis is that it rarely manifests itself for a long period after the original affection, oftentimes not for ten, twenty, or even forty years. Hence it is that we must always look with suspicion upon a persistent and obstinate cephalalgia, for which we can assign no particular cause, and which resists all ordinary treatment. If we can possibly suspect syphilis, we must feel our way with a specific therapeutics (the iodide of potassium usually, though we may even try mercury) for this is the *experimentum crucis*, the absolute test, that will make for us a positive diagnosis, without which we cannot cure this troublesome malady.

TREATMENT OF TYPHOID FEVER.—At the close of an article in the *Lancet*, November 15, 1879, Sir William Jenner thus briefly sums up the chief points that his experience has taught him in regard to the treatment of typhoid fever: Typhoid fever can not be cured; but more lives may be saved by the judicious treatment, and more lives lost by the improper treatment of typhoid fever, than of any other acute disease. For a very large proportion of cases no other treatment is really required from beginning to end than rest in bed, quietude, fresh air, pure water and regulated diet, although most cases are benefited by a little wine in the third and fourth weeks. If medicinal, in addition to hygienic treatment is required, it is because special symptoms by their severity tend directly or indirectly to give an unfavorable course to the disease. At the same time it must be remembered that the gravity of some symptoms is in certain cases due to lesions of structure beyond the possibility of successful treatment—e.g., primary deep sloughs of Peyer's patches; and that other grave symptoms pass away spontaneously, although no special treatment is prescribed for their relief. When drugs are required to hold in check a special symptom, their use should be discontinued when the gravity of the symptom for which they are prescribed has subsided. Temperature so high and continuous as to be a cause of danger, either directly or indirectly by favoring serious degenerative changes of structure, is present in exceptional cases only, and for such cases alone is the direct application of cold to the general surface required. Alcohol, by the influence it exerts on the nervous system is of the greatest value in the treatment of typhoid fever, but it should only be given for the purpose of attaining a definite object; its effect should be watched and the dose so regulated as to attain the desired effect from as small a quantity as possible. As the treatment in reference to many symptoms is in the present state of our pathological knowledge tentative, it may have to be varied frequently both as regards continuance and dose of drugs, of stimulants and of cold. My experience has impressed on me the conviction that that man will be the most successful in treating typhoid fever who watches its progress, not only with the most skilled and intelligent, but also with the most constant care, and gives unceasing attention to little things, and who, when prescribing an active remedy, weighs with the greatest accuracy the good intended to be effected against the evil the prescription may inflict and then, if the possible evil be death, and the probable good short of the saving of life, holds his hands. While admitting without reserve that heroic measures, fearlessly but judiciously employed, will save life when less potent means are useless, the physician whose experience reaches over many years will, on looking back, discover that year by year he has seen fewer cases requiring heroic remedies, and more cases in which the unaided powers of nature alone suffice for effecting cure; that year by year he has learned to regard with greater diffidence his own powers, and to trust with greater confidence in those of nature.

REDUCTION OF DISLOCATION OF HUMERUS.—The *Southern Clinic* thus gives Dr. Gissler's method of reduction: "In my cases the patients do not even have to sit down, and I operate thus: 1. The elbow is pressed against the abdomen and then gently drawn outward until resistance is met with. 2. The forearm is then raised as high as possible toward the opposite shoulder. 3. Then the whole arm is drawn outward and the operation is finished. This is a valuable addition to our knowledge of the operations which are daily needed. It is simple, accurate and may be of use."

TREATMENT OF SCARLET FEVER.—In a case of scarlet fever, I would advise an entirely expectant plan of treatment. If there is sore throat, as there almost always will be, I would give a solution of chlorate of potash every hour without being followed directly by water. After the first few days the glands under and around the jaw are liable to enlarge. For this no better treatment can be found than to tie a bit of fat pork, old, around the neck, so that the pork will touch all of the inflamed glands. Nothing will secure the same amount of rest and quiet that will follow a thorough greasing of the entire surface with some fat; any greasy substance containing considerable oil will answer the purpose. When the fever becomes high, as it will in the course of the first twenty-four hours, then the citrate of potash may be added to the chlorate solution. Acid drinks, so given as not to interfere with the milk, will constitute the treatment. This, of course, is for uncomplicated cases, but no matter how severe.—J. A. DE ARMOND, *Medical World*.

THE PHYSIOLOGICAL ACTION OF CHINOLIN TARTRATE.—The *Therapeutic Gazette* publishes a very interesting abstract of the Henry C. Lea's Prize Thesis, University Pennsylvania, by Conrad Berens, M.D., which is summed up in the following conclusions: 1. Chinoline tartrate is a powerful agent, producing death by asphyxia. 2. The drug increases the force and frequency of the respirations by stimulating the vagus roots in the lungs. 3. It paralyzes respiration finally by a secondary depressant action upon the respiratory centre. 4. It does not cause convulsions. 5. It lessens and finally abolishes reflex action by a direct action upon the cord, and by a slight action upon the muscles and nerves. 6. It diminishes or abolishes muscular contractility respectively when applied through the circulation or directly. 7. It coagulates myosin and albumen. 8. It causes insalivation by paralysis of the secretory fibres of the chorda tympani; increases the flow of bile; has no action upon the spleen. 9. It lowers blood-pressure by paralyzing the vaso-motor centres and by a direct depressant action upon the heart muscle. 10. It diminishes the pulse-rate by direct action upon the heart. 11. It lowers the temperature by increasing the loss of heat. 12. It is a powerful antiseptic; and, finally, 13. Its paths of elimination are not known.

CURE OF LUPUS BY ARSENIC.—Dr. Edmond Lesser, *privat docent* at Leipsig, recalling the discovery of Koch, who showed that lupus was caused by the bacillus tuberculosis, and the happy effects obtained by Buchnes, in the treatment of tuberculosis by arsenic, has used this remedy in some cases of lupus; while Doutreloup treated lupus with arsenic and applications of corrosive sublimate, which, in similar cases, gave good results. The author gave his patients arsenic only in the form Asiatic pills or injections of Fowler's solution. One woman was not at all relieved by four grammes of the remedy. A young woman of fifteen years, suffering from lupus for five years, was benefited, but the treatment having been suspended, the disease assumed its former condition. She had taken 2.5 grammes of arsenic and 6.47 grammes of Fowler's solution by hypodermic injection. In a third case the improvement was as transient. F. C., who saw his disease increase month after month, followed the treatment and was much improved for a year; the improvement then ceased, and the patient abandoned the treatment. Arsenic has certainly a favorable action upon lupus; it must be given in large doses, continued a long time; subcutaneous injections are not more effective than treatment by the mouth.—*Centralblatt f. die Med. Wissensch.*, Feb., 1885.

MUSICAL SOUNDS IN VALVULAR AFFECTIONS OF THE HEART.—From an observation made at the clinique of Prof. de Renzi, the author, Dr. P. Pucci, concludes: 1. The musical sound of the heart, though rarely heard, has been recognized a long time. 2. Its existence is due to the presence of a body which vibrates in the cavity of the heart and the perforation of a valve furnishes the vibrating body. 3. The oscillations of the vein can alone make more distinct those of the vibrating body. 4. In the mechanism of its origin as well as the acoustic impression there is a certain resemblance between the sibilant rhonchus of the lung and the musical sounds of the heart.—*Il Morgagni*.

NITRO-GLYCERINE IN INTERSTITIAL NEPHRITIS WITH RENAL ATROPHY.—Prof. Rossbach publishes, in the *Berlin Klin. Wochenschrift* (March, 1885) the observations made by him with nitro-glycerine on the lowering of the blood pressure, and its favorable influence upon renal atrophy. The quantity of the urine is increased, the albumen is diminished, the anemic symptoms disappear, as well as the general malaise. The retinitis albuminurica is likewise markedly improved. The nitrite of amyl, sodium and potassium, which also lower the blood pressure, were found not to have the beneficial influence possessed by the nitro-glycerine, while they proved injurious in other ways. The nitro-glycerine, in doses of a half a milligramme to a milligramme produced only a slight passing headache, and in a few days a tolerance was established, the patient experiencing no inconvenience. Rossbach was unable to watch the effects of a long-continued use of the drug, and could not speak definitely of its curative powers. He wishes to see the remedy employed in private practice on intelligent patients.

COLD ABLUTIONS OF THE FEET FOR COLD IN THE HEAD.—The following simple measure is highly recommended by Dr. Prokoff Popoff, of Siberia, who states in the *Russkaia Medits* that in more than three hundred cases of acute and chronic rheumatic coryza he used it with great success: Twice daily (in the morning on rising, and at night on going to bed) for two days, the patients are ordered to wash their legs from the sole up to the knee with ice-cold water, and to subsequently rub the washed parts with a dry towel, or a piece of rough linen or cloth, until a vivid redness and feeling of warmth appears. The whole procedure takes not more than five minutes. No other measures or precautions are required. A striking improvement follows on the next day. In fact, the improvement is usually so great that many patients content themselves with only one day's treatment, regarding themselves as cured.

THE ABORTIVE TREATMENT OF CHANCROIDS.—This is the subject of a paper by H. v. Hebra, in the *Wiener Med. Presse*. He claims that by his method buboes never put in an appearance, and that it is entirely painless. Powdered salicylic acid is applied in such a manner that only the chancres and their edges are covered. The whole penis is then enveloped in cotton batting, which is held in place by means of adhesive plaster. When the suppuration is not too great, the dressing need be changed but once in twenty-four hours. Even the day after the first application a white pellicle or crust has formed, the edges appearing red. This redness is caused by the contact of the acid with the healthy skin. After about the third day the scale or crust is somewhat thick and must be removed. An emollient salve is applied on a rag, and in a few days the sore is healed. In this manner the whole trouble is disposed of in from four to six days.

SEDUM ACRE.—Dr. Wagener, in the *Therapeutic Gazette*, says the great value of this drug in diphtheria and membranous croup does not depend upon any specific property for the cure of the disease, but upon its power of loosening the false membrane and so preventing death from suffocation. Sedum acre is consequently valueless in the first stage of this disease, and should only be employed when the false membrane has been developed. The effects of its local application will then be most satisfactory. For the last three years I have employed the following formula :

R Fld. ext. sedum acre..... f ʒ i.
Spts. turpentine ..
Lactic acid ..
Fld. ext. aconite..... āā f ʒ ii.
M.

One application should be made with this mixture with a brush every three minutes for twenty minutes, and if by this time vomiting has not commenced, a glass of warm water with a teaspoonful of lard in it will cause copious emesis, and the membrane will be entirely expelled. The throat should then be carefully examined, and if there are any bleeding points, as is apt to be the case if the sedum acre has been used early, each spot should be touched with a little Monsel's solution. I have never seen ulceration of the mucous membrane follow this treatment. When sedum acre is used and the membrane once removed, I have never seen any redevelopment of membrane. I believe by its use tracheotomy in croup and diphtheria may be entirely dispensed with.

REFLEX PARAPLEGIA AND PARESIS.—Landry describes a case of paraplegia from the flexion of the womb, and when the flexion was remedied, the palsy disappeared. And again, Rosenthal has seen a case of paresis of both lower extremities, which disappeared on a needle being extracted from the vagina. Althaus gives us a number of cases illustrative of this form of reflex paralysis. We may note, among the causes of reflex paralysis, paralysis arising during disease of the genito-urinary organs; those paralyzes which occur during or just after dysenteries, diarrheas, super-purgations, or in connection with worms; such as arise during or after pneumonia or pleurisy; such as are seemingly brought on by dentition, diphtheria, fevers, and eruptive diseases; such as seem to be occasioned by cold, or by cold and moisture, such as are due to external injuries, or result from certain drugs; paralyzes due to great emotional disturbances, etc.—Dr. J. J. CALDWELL, *Virginia Medical Monthly*.

A NEW EMMENAGOGUE.—Dr. J. Matthews Duncan, of St. Bartholomew's, London, in a course of lectures on the subject of amenorrhœa, mentions the only emmenagogue medicine with which he is familiar. It is not to be found in the pharmacopœia. It is erotic excitement. Of the value of erotic excitement he has no doubt, but it is only in a modified and carefully considered way that it can be used immediately. There are many points at which medicine and morals come into contact, and their consideration is most important. A long lecture might, with great advantage, be given, describing the mutual relations of the one to the other, and especially with a view to the present subject—the therapeutic power of morals in medicine and the therapeutic power of medicine in morals. The inducement of this erotic excitement, if it is to be induced at all, must be at the wisdom and discretion of the practitioner, who must be the judge of the extent to which it may be advisable to allow the therapeutic properties of this condition to trench on its moral aspects. Few physicians, we take it, will be prepared to take the responsibility of advising it as a therapeutic measure.

ELECTRICITY IN GENERAL PRACTICE.—Dr. Hughes Bennett has called attention, lately, to the need of greater study in a scientific manner, of the numerous uses to which either current may be put in therapeutics. In diseases where functional activity is diminished the stimulating power of both currents is largely indicated. The obscurity attending many classes of nervous affections, such as atrophy, anæsthesia, paralysis, sclerosis, etc., is no bar to the employment of electricity in an empirical manner, for the inhibited conduction and abnormal nutrition changes are favorably influenced thereby, and the catalytic effect of the galvanic current particularly is valuable in influencing the trophic elements of the tissues and facilitating absorption of morbid products. The sedative and alterative effect is also valuable in excited functional conditions for the relief of pain or spasm. The value of electricity is not simply a transient matter at the time of application, but its results are frequently permanent, hence its uses are far-reaching.

INTERNATIONAL COPYRIGHT.—The subject of international copyright has recently been discussed, in this city, by some of our most eminent literary men, a report of which is contained in the *Century* for July. Dr. Oliver Wendell Holmes sent a letter in which he tersely says: "Is not the product of the author's industry an addition to the wealth of his country and of civilization as much as if it were a ponderable or a measurable substance? It cannot be weighed in the grocer's scales, or measured by the shop-keeper's yard stick. But nothing is so real, nothing so permanent, nothing of human origin so prized. Better lose the Parthenon than the Iliad; better level St. Peter's than blot out the Divina Commedia; better blow up St. Paul's than strike Paradise Lost from the treasures of the English language. How much a great work costs! What fortunate strains of blood have gone for the formation of that delicate yet potent brain-tissue! What happy influences have met for the development of its marvelous capacities! What travail, what throbbing temples, what tension of every mental fibre, what conflicts, what hopes, what illusions, what disappointments, what triumphs, lie recorded between the covers of that volume on the bookseller's counter! And shall the work which has drained its author's life blood be the prey of the first vampire that chooses to flap his penny-edition wings over his unprotected and hapless victim?"

THE RELATIONSHIP OF MALIGNANT DISEASE TO THE FOOD AND ITS TREATMENT BY DIET.—The *Medical Times* says that in a communication to the Brussels Académie de Médecine Dr. M. Van der Corput made a suggestive reference to the etiology of cancer (*Rev. de Thérap.*, January 15). Upon considering the geographical distribution of cancer, the author found that it was almost unknown in hot countries, and also among certain religious communities in other latitudes which abstain from the use of meat. The only apparent connection between these two classes is the diet. It is apparently, therefore, to an exaggerated animal diet—which at the same time causes an excess of chloride of sodium in the system—that we must look for the principal pathogenetic cause in the cancerous diathesis. This must reside in an infection of the organism, either by certain nitrogenized products capable of disturbing or changing the normal nutrition processes, or by certain inorganic elements, such as the phosphates, capable of favoring the histogenesis of neoplasms. A confirmation of this view was found in the rapid emaciation of the patients, accompanied by the decreased discharge of urates in the urine. The application of these views to the treatment of cancer is obvious, but it does not appear that the author has succeeded as yet in demonstrating their correctness by clinical investigation.

DOMESTIC HABITS IN ALASKA.—Lieutenant Schwatka's concluding paper on his explorations of the Yukon River, with many illustrations, appears in the October *Century*, supplemented by an interesting Open Letter on the domestic habits of the Chilcat Indians, by Mrs. Eugene S. Willard. From Mrs. Willard's letter we quote the following:

"A diseased person among the Chilcats is rather the exception, and prostitution as defined by them is punishable with death. At first thought their marriage laws seem very elastic, but such is not the case. Though they do not bind tightly they bind strongly, and the limits which are fixed are fixed indeed. The children always belong to their mother, and are of her to-tem. This to-temic relation is considered closer than that of blood. If the father's and mother's tribes be at war the children must take the maternal side, even if against their father. It is this law which makes illegal any marriage between members of the same tribe; though the contracting persons may be entire strangers, and unable to trace any blood relation. At the same time a man may marry his half-sister (one having a different mother) or a woman and her daughter—either at the same time or consecutively; for plural marriages are not uncommon, though they are by no means general. In very rare cases a woman has two husbands, oftener we find a man with two wives, even three; but more frequently met than either is the consecutive wife."

LONDON VICE.—Cardinal Manning, in the October number of the *North American Review*, sustains the charge of the *Pall Mall Gazette*, about the infamous crimes of London. Speaking of the existing law of England, the Cardinal thus shows how they encourage inhuman crimes: "By our present legal code a girl cannot give her consent to marriage before the age of 21, but she is regarded as capable of consenting to her own ruin at the age of 13 years. The man who marries her before 21 is punishable by law. The man who ruins a child of 13 escapes with impunity. She may ruin herself at 13, but cannot marry, for defect of consent, till 21. If any one should know that his dog or cat were detained in any house, the police, with all expedition, could search for his property. But if he knew that his child were detained in the house, neither he nor the police could enter it. His only remedy would be by writ of *habeas corpus*, which could not be obtained for many hours, and perhaps for days; but the ruin of his child might be at any moment. Once more I say, children of 13, and all girls above that age, are supposed to be free agents, and capable of consenting to their own ruin: thus he who ruins them for life escapes with impunity, on the rule '*Volenti non fit injuria*.' It has been therefore solemnly argued, by men who have great legal reputation, that the abominable and inhuman trade of the procurer and the procuress cannot be punishable at law, because the end to which their hideous traffic is directed is not illegal. Here we have another legal dictum; the accomplices are not punishable because the principals are within the rights of their liberty."

GENERAL GRANT'S LAST DAYS.

FROM General Adam Badeau's account of the last days of General Grant, in the October *Century*, we quote the following: "On Easter Sunday he seemed a little easier, though there was still no hope. I went into his room and found him able to listen and even to utter a few words without too much effort. I had been greatly struck by the universal watching of a nation, almost of a world, at his bedside, and especially by the sympathy from former rivals and political and even personal adversaries; and I recounted to him instances of

this magnanimous forgetfulness of old-time enmities. When I told him of the utterances of General Rosecrans and Jefferson Davis he replied: 'I am very glad to hear this. I would much rather have their good-will than their ill-will.'

"Another morning, only a day or two after his improvement began, he said to me, evidently with a purpose, that it was strange how undisturbed a man could be when so near death. He supposed he had been as near the other world as one could be and survive. His feeling had been at the time that every moment might be his last; but he had not suffered one particle of apprehension, or fear, or even discomposure. He evidently wished me to know this, for he had once or twice in the winter talked of religious beliefs. 'Yet,' he said, 'at such a time it hurt no one to have lived a good life.' He had been undisturbed—he repeated this emphatically—but he believed any one would be more comfortable at such a moment with a conscience that could not reproach him. A good life would certainly contribute to composure at the end."

"The 9th of April came, the anniversary of Appomattox, and recovery was still not assured. Then came another jubilee. His birthday was the 27th of April, and by this time he was so far restored as to be able to join the family for a while at dinner. There were sixty-three lighted candles on the table to celebrate the sixty-three years, which a month before no one had hoped would ever be completed, and the house was crowded with flowers, the gifts of thankful friends."

"The secret of this partial recovery is not far to find. It was after the great expression of public sympathy that General Grant began to improve, after his place in the affections of the people was restored or resumed that his whole nature, moral and physical, became inspired and renovated. For this it was almost worth while to have suffered—to have the world recognize his sensitiveness, and to receive himself its appreciation in return. Few men indeed have known in advance so nearly the verdict of posthumous fame. No death-bed was ever so illumined by the light of universal affection and admiration."

"From 'Reminiscences' by General James Harrison Wilson, we quote the following: He never worried over what he could not help, but was always cool, level-headed and reasonable, never in the least excitable or imaginative. He always had the nerve to play his game through calmly and without any external exhibition of uneasiness or anxiety; and this was constitutional with him, not the result of training nor altogether of reflection. It was his nature, and he could not help it. The sanguine and nervous elements were so happily modified, blended and held in check by the lymphatic element of his temperament that he could do nothing in a hurry or a heat, and, above all, it was impossible for him to borrow trouble from what he did not know to be certain, or could not change."

A NEW TREATMENT OF EPITHELIAL CANCER.—Experiments now in progress, under the supervision of Dr. J. E. Garretson, at the Oral Hospital, in this city, show a wonderful curative value in the treatment of epithelial cancer with the use of epiderm secured from the horse by means of a currycomb—the treatment being nothing more complex than keeping a sore continuously covered with the ash-colored powder thus obtained. The horses are to be washed over night and curried with a new currycomb in the morning. After picking out hairs, the powder is ready for use. Where horse epiderm is not to be obtained, the scales may be scraped, by means of a knife-blade, from the human arm or leg.—*Medical and Surgical Reporter*.

DIFFERENTIATION BETWEEN TUBERCULAR AND FIBROID PHTHISIS.—Sir Andrew Clark (*British Medical Journal*) speaking of the differentiation between tubercular and fibroid phthisis, says: "Tubercular phthisis is primarily of constitutional origin, and appears, for the most part, in the young. It is bilateral. Its course is accompanied by elevation of temperature and rapidity of circulation, by progressive loss of flesh, strength and color; sometimes by laryngeal ulceration, and sometimes by sensations of painful exhaustion and *malaise*. It is usually rapid in its progress; the majority die within three years, and the few, who in consequence of fibroid complications, live for a longer time, enlarge the average duration of the disease to four or five years. On the other hand, fibroid phthisis is usually of local origin, and appears, for the most part, in the middle-aged. It is, in the main, unilateral. It is unaccompanied by elevation of temperature or hurry of circulation; flesh, color and strength may remain but slightly affected for years. The urine always contains a little albumen. The progress of the malady is slow. (Edema is never absent throughout, and death, which seldom occurs within five years, is often delayed for thirty.

MISCELLANY.

—Iodide of sodium in daily doses of from sixteen to thirty grains, continued for a long time, is said to be useful in angina pectoris.

—Dr. W. R. Reynolds says he breaks all the malarial chills so that they do not return, with ten-minim doses of liq. strychnii before each meal.

—A remarkable case of recovery from the bite of a cobra in full poison, comes to us from India. The treatment was by hypodermic injection of indicated remedies.

—Dr. J. J. Caldwell reports a case of melancholia in which there were frequent attacks of migraine, indigestion and constipation, entirely relieved by nitro-glycerine.

—There is now in the Pathological Museum of the University of Cambridge a calculus, removed after death from the bladder of a woman, weighing over 33 ounces.

—Two of the best external remedies in pruritus in pregnancy, or at any other time, are bathing with very hot water or with a cold saturated solution of boracic acid and ether.

—Dr. Strong, Chief of Staff, Ward's Island Hospital, reports 632 patients treated during the month of August. Mortality 3.80 per cent. Whole number treated since Jan. 1st, 2,881.

—Dr. Weiss (*Berliner Klin. Wochenschrift*) treats goitre by application of an awl-shaped Paquelin burner at white heat, in lines three centimetres apart from right to left. The crusts which appear pass off in a week. The operation may be repeated.

—A physician in Cuba has found great benefit in neuralgia of a malarial origin in three-grain doses of parthenin, a plant known in Cuba as bitter broom. In several cases where morphine only produced temporary relief this drug produced a permanent cure.

—Bromide of potash is highly recommended in too frequent menstruation, on account of its controlling influence upon ovulation. In large doses it is reported to have caused transient blindness, the ophthalmoscope revealing diminution of the calibre of the retinal vessels.

—Mr. Jonathan Hutchinson finds that many cases of irritable hyperæsthesia and easily tired eyes, in young persons, arise from inherited gout and should be treated from that standpoint rather than with glasses.

—Dr. Alfred Meadows recommends conium as a specific in all cases, whether neuralgic or inflammatory, in which the ovaries are the seat of pain. We have found great benefit in those cases from plummer, now made in tablets, of which conium is one of the ingredients.

—It is the suppression of that perspiration which should be constantly going on from the two and a half millions of sweat glands, which endangers local congestions and consequent pneumonias, etc. One should be constantly on the alert to guard against chill, especially when perspiration is in excess.

—The reprehensible practice of sending articles to several different periodicals simultaneously, in order that they may appear as original in all, will not catch us a second time! We might be induced to print an original article which we would not copy from another journal, and we certainly intend to reserve the right to select our gleanings as we see fit. Consider the cheek it must require for an author to attempt such a fraud!

—The best mode of vaccinating is to hold the instrument as a pen is held, and make the superficial scarifications quickly but gently, holding the limb firmly with the hand not in use. We have thus vaccinated many a child in sleep without waking them. It is said that under compulsory vaccination, deaths from small-pox in a particular locality were one in nine, while in a place where vaccination is not practised, one hundred out of one hundred and ninety attacked, died of the disease! In Montreal out of 192 cases reported, there were 120 deaths.

—The new Gouverneur Slip Emergency Hospital is ready for the occupancy of the Department of Public Charities and Correction, by whom it was built, and it will take all cases from the Madison and the Eldridge Street Stations, while the Chambers Street Hospital will answer calls from the Sixth precinct, and St. Vincent Hospital service will remain as before. The ambulance service is being revised with a view to greater efficiency. We hope that a more intelligent set of rules and regulations for the government of employés will be devised, and that the rights of individuals will be more carefully respected in the future than it has been in the past. It is quite time that the police department learned that the injured have some rights which even it is bound to respect, although the public is ignorant of the facts in the case.

—Cocaine in a solution of one-half to one per cent. has been found most efficient in that annoying and intractable affection, inflammation of the nipples, and it may be applied with a brush every few minutes during the interval of nursing. It is reported to have caused opacity of the cornea in a single case. The treatment of hay fever by tablets containing one-sixth of a grain of muriate of cocaine applied to the nasal mucous membrane seems to have been successful in many cases. It has also been reported that the sense of smell has been lessened or entirely lost in some cases under its use. Messrs. Parke Davis & Co. have issued several interesting pamphlets on this subject, which they will send upon application. This firm also prepares a "Cocaine Case," which will be found convenient on many occasions. As cocaine is evidently to have a niche in our therapeutics, it behooves all to keep abreast of the progress which is being made in its application.